Medical Economics

Medical Economics

* * * *March 1951* * * *

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DEPARTMENTS

MEDICAL ECONOMICS, March 1951 issue, published monthly by Medical Economics, Inc., 210 Orchard Street, East Rutherford, N.J. Copyright 1951. 25c a copy, $3.00 a year (Canada and foreign, $3.50). Acceptance under Section 34.64, P.L.&R. authorized. Circulation: 132,000 physicians and residents. ☆ PICTURE CREDITS: (left to right, top to bottom) Cover, 72, 73, Harris–Pix; 66, Hartford Hospital; 67, International News; 98, Joseph–Western Round-Up; 114, Cotta–Mirror Magazine, Keystone; 115, Keystone; 126, Ewing Galloway; 127, New York Times; 150, Royal, Smith-Corona, Underwood, Smith-Corona; 151, Paillard, Royal; 153, Remington, IBM; 193, Saturday Evening Post; 223, Sherwin Greenberg, Marie Designer, Barcalo, Bartolucci-Waldheim; 272, Knopf–Pix.

A ***Prescription Product***

for

BETTER COUGH CONTROL

Whether infectious, inflammatory or allergic in origin, simple cough is generally well controlled by a teaspoon* or two of PYRIBENZAMINE, EXPECTORANT, a unique combination of non-narcotic drugs. The remarkable effectiveness of PYRIBENZAMINE EXPECTORANT is due to synergy and the complementary action of its three established therapeutic ingredients, PYRIBENZAMINE citrate, ephedrine sulfate, and ammonium chloride (30, 10, and 80 mg. per 4 cc., respectively). Histamine congestion is diminished throughout the length of the respiratory tract, and bronchial secretions are liquefied and loosened. Palatable, unique, non-narcotic, PYRIBENZAMINE EXPECTORANT offers exceptionally broad control of the various factors involved in simple cough. Bottles of 16 fluid ounces and one gallon. Ciba Pharmaceutical Products, Inc., Summit, N.J.

**Children ½ to 1 teaspoonful*

Pyribenzamine®

EXPECTORANT

Ciba

PHARMACEUTICAL PRODUCTS, INC.

2/1751M

children like this inhaler

Children instinctively dislike some things. As every parent knows, for example, they dislike nasal drops and sprays.

Fortunately, however, children like to use Benzedrex Inhaler.

But most important, from the physician's standpoint, is the fact that Benzedrex Inhaler opens the nasal air passages safely, promptly, and without causing nervousness or wakefulness.

Benzedrex Inhaler is the ideal vasoconstrictor to recommend for use between treatments in your office. (As with any medicinal agent, an adult should always supervise its use.)

Smith, Kline & French Laboratories, Philadelphia

Benzedrex Inhaler

the best inhaler ever developed

'Benzedrex' T.M. Reg. U.S. Pat. Off.

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* Index of Advertisers *

the least toxic sulfonamide studied*

Yes, SULFACETAMIDE . . . the least toxic sulfonamide reported in Lehr's clinical studies . . . is now combined with sulfadiazine and sulfamerazine as Pansulfa, with these therapeutic advantages:

1 The established antibacterial power of three sulfas.

2 Less danger of crystalluria or renal damage.

3 Uniform dosage—the thixotropic gel of the suspension assures even dispersion. Also available in palatable tablets.

Pleasant tasting

PANSULFA

SULFACETAMIDE
SULFADIAZINE
SULFAMERAZINE

Each teaspoonful or tablet contains 0.5 Gm. (7½ gr.) of the rapidly soluble sulfonamides 1:1:1

Also

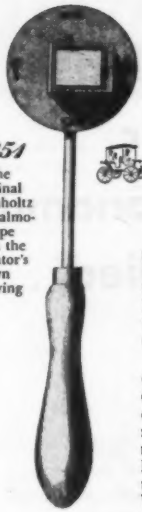
PANSULFA WITH PENICILLIN

(Each tablet contains 100,000 units of Crystalline Penicillin Potassium G in addition to the above formula)

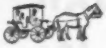
Merrell
1828
CINCINNATI • U.S.A.

*See Lehr, D: Federation Proc. 8:315 (1949)
"PANSULFA" trade-mark

The first hundred years



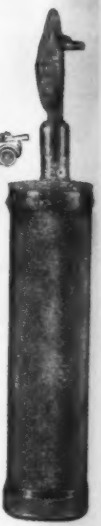
1851
The original Helmholtz ophthalmoscope from the inventor's own drawing



An 1851 horse and wagon eventually got the doctor to his patients—just as the first Helmholtz ophthalmoscope permitted a measure of critical diagnosis. But what a change in eye appeal and utility in a short hundred years, both in transportation and instruments!

Three of our present Welch Allyn employees have actually been making ophthalmoscopes for more than half the century since the invention of the instrument. They have contributed to many major improvements. Their skill and tireless experimentation have helped build the superb instruments responsible for Welch Allyn's present position as the world's largest ophthalmoscope makers.

With the constant help and encouragement of both GP's and ophthalmologists, our research continues on an increasing scale toward our goal of ever-finer Welch Allyn ophthalmoscopes.



1915
An early Welch Allyn electric ophthalmoscope, with direct illumination

1951
The world's largest selling ophthalmoscope—the Welch Allyn No. 110

Electrically Illuminated Diagnostic Instruments

WELCH ALLYN, Inc.
Auburn, N.Y.

EFFECTIVE: Johnson's Baby Lotion with hexachlorophene 1% has proved itself to be a highly effective preventative and therapeutic agent for infancy's common skin afflictions: impetigo contagiosa, ammoniacal dermatitis, cradle cap, miliaria rubra.

Records of 8 leading hospitals for more than 10,000 cumulative baby days show that daily care with Johnson's Baby Lotion reduced the incidence of skin irritations of all types to an average of less than 2%.

NEW-FORMULA

JOHNSON'S BABY LOTION

Johnson & Johnson

FREE!
12 distribution samples of new Johnson's Baby Lotion. Mail this coupon.

Johnson & Johnson
Baby Products Division
Dept. E-2, New Brunswick, N. J.

Please send me, free of charge, 12 distribution samples of Johnson's Baby Lotion.

Name_____

Street_____

City_____ State_____

Offer limited to medical profession in U.S.A.

when chronic worry stands in the way of recovery

Dexamyl

Nearly every convalescence is influenced by the minor mental and emotional disturbances that form such a troublesome part of the total clinical picture. Too often "chronic worry" stands stubbornly in the way of the patient's full recovery.

To combat this problem you will find 'Dexamyl'*—a balanced combination of 'Dexedrine'* and Amobarbital, Lilly ('Amytal'†)—remarkably helpful.

The 'Dexedrine', because of its "smooth" and profound antidepressant action, restores mental alertness and optimism and dispels psychogenic fatigue.

The Amobarbital (Lilly), because of its tranquilizing effect, relieves nervous tension, anxiety and agitation.

'Dexamyl' tablets are available in bottles of 100 and 1000, on prescription only. Each tablet contains 'Dexedrine' Sulfate, 5 mg., and Amobarbital (Lilly), ½ gr. (32 mg.).

Smith, Kline & French Laboratories, Philadelphia

*Trademark, S.K.F.

†Trademark, Lilly

Panorama

University of Rochester (N.Y.) Medical School now supplying five local hospitals with radio-isotopes for clinical and diagnostic use, thus saving them expense of separate labs at $10,000 each . . . Medical care of troops in training camps may be provided by private M.D.'s under contract to armed forces if President exercises one of his new emergency powers . . . Story of Third Auxiliary Surgical Group in World War II told by Dr. Clifford Graves of San Diego. His book, "Front Line Surgeons," now in its second printing.

Atomic air raids may transform private physicians into flying Minute Men, says NSRB's Dr. Norvin C. Kiefer: "In case of an attack on the metropolitan Detroit area, for example, surgical teams might have to be brought in by air from as far away as Texas" . . . With compulsory health insurance stymied on Federal front, New York CIO leader Louis Hollander is urging a state-wide plan . . . Honorarium for honorary positions? Dr. Fred A. Humphrey, past president of Colorado medical society, suggests associations pay presidents per diem salaries for time spent away from practice on association business.

If you need a new spring-fever excuse to close your office, look for an article in the American Magazine on "the psychosomatics of fishing." Source of the ideas and of the color photos that go with them is Washington (D.C.) internist and fisherman, Roy Lyman Sexton . . . Rep. Foster Furcolo (D., Mass.) advocates fewer medical officers on duty at military camps, more nearby civilian doctors for fill-in work. Four hours' duty a week by each such private M.D. would greatly lessen armed services' need for medical officers, he says . . . British specialist who visited Boston recently was boiling over

NEW

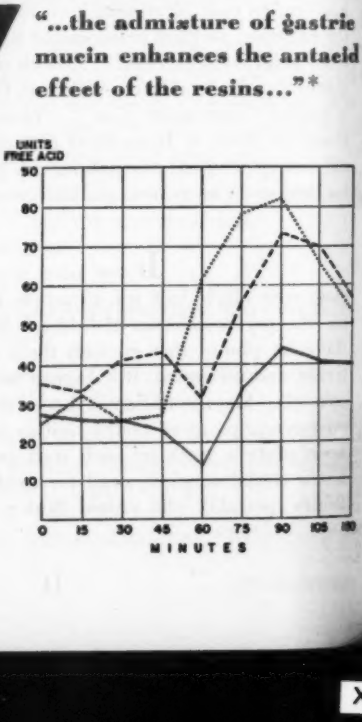
Resin-gastric mucin combination

*in peptic ulcer management**

combines

"...the good effects of resins with those of gastric mucin in the treatment of gastroduodenal ulcer"*

"...the admixture of gastric mucin enhances the antacid effect of the resins..."*



.....istamine.

_____amine and
and Mucin
n, 4 Tablets.

_____Histamine and
Resin and Mucin
nation, 2 Tablets.

STEIGMANN AND SCHLESINGER* in the Gastrointestinal Clinic of the Cook County Hospital, Chicago, made a five year study of the effects of available antacids in the treatment of gastroduodenal ulceration.

Various resinous substances were tested including "the new type of 'antacid' "—Resmicon—a synergistic combination of a finely dispersed ion-exchange polyamine resin with a specially processed form of gastric mucin.

Resmicon was given to a series of patients over a period of 2 to 15 months. Most of the patients chosen were those who did not respond well to therapy with other antacids.

EFFECT ENHANCED—The investigators confirmed their previous findings** namely that "the admixture of gastric mucin enhances the effect of the resins."

QUICK RELIEF—"Most patients had good symptomatic relief within the first week (2 to 7 days) of 'Resmicon' treatment . . . .

"They felt better, ate better and gained weight. The majority took the tablets well and there were no complaints regarding constipation or diarrhea."

HEALING ENCOURAGED—"Simultaneously with clinical improvement the patients with gastric ulcer showed significant changes in the size of the craters when x-rays were taken at weekly or bi-monthly intervals.

"Those who were gastroscoped (a total of 19) also showed healing of the ulcer."

"This new substance [Resmicon] appears to combine the good effects of resins (neutralization of the hydrochloric acid in gastric juice without interfering with the acid-base balance) with those of gastric mucin in the treatment of gastroduodenal ulcer."

Resmicon®

ACID ADSORBENT DEMULCENT • 84 TABLETS

Whittier

LABORATORIES

DIVISION NUTRITION RESEARCH LABORATORIES, INC.
CHICAGO 11, ILLINOIS

*Steigmann, F., and Schlesinger, R. B.: A Resin-Gastric Mucin Mixture in the Medical Management of Peptic Ulcer, American J. Dig. Dis. 17:361-365 (Nov.) 1950.

**Scientific Exhibit of the A. M. A., Atlantic City Session, 1949.

about NHS abuses. Example: When he offered to drive a house-call patient to hospital, the man refused, insisting on his right to an ambulance . . . Voted Missouri's outstanding practitioner of 1949, Dr. W. Harry Barron of Fredericktown proved it again in 1951. Despite recent hip fracture, the 75-year-old G.P. was out making rural house calls when flood waters swept him off bridge to his death.

Cartoon come to life: Peddler with apple-cart in front of building where lecture has just ended, trying to beguile dispersing crowd with "Apple a Day Keeps Doctor Away" sign. No sales explained simply by indentity of building: the New York Academy of Medicine . . . Trend from indemnity to service-type health insurance reflected in Ohio medical association query to members on advisability of switching to payment-in-full contract for low-income subscribers . . . Prospect of Federal dollars for new rural hospitals now fading. Congress likely to divert the funds to hospital construction in defense production areas, most of them near big cities.

Odor of sanctity: strange buzzing sound in meeting room of ethics committee, Detroit medical society, finally identified as a deodorizer. Nothing personal, it was hastily explained—just testing a new gimmick . . . After plugging compulsory health insurance in California for five years, Governor Earl Warren now says "new social programs" are out—at least until mobilization needs have been met . . . "Save-the-doctor" petitions circulating at grocery stores and filling stations of a dozen hamlets in Chautauqua County, N.Y., begging draft board to leave their only physician alone. He's 39-year-old Frank Shapiro, ex-Brooklynite turned country doctor.

Listing the geriatric joys of living past 65, Dr. Edward L. Tuohy, Duluth, Minn., gives top billing to (1) the simple satisfaction of surviving, (2) release from the "oppression and tyranny of sex" . . . Thousands of Canadians now charting own ills and accidents in epochal sickness survey. Enumerators collect data monthly on type and duration of every occupant's aches and pains, expenditures for doctors, hospitals,

Together, you and your IBM Electric Typewriter will turn out the most beautiful and distinctive-looking work you've ever seen. Wherever your letters go, their fine appearance will reflect credit on you and on your company.

Every day, you'll enjoy the easier operation of true touch typing. You'll type faster, using far less energy doing it. You'll be able to devote more time to other important work—a fact your employer will appreciate.

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INTERNATIONAL BUSINESS MACHINES CORPORATION

"In the presence of infection in the vagina there is a decrease in the height of the vaginal mucosa.

"...there is a lowering of glycogen content of the mucosal cells.

"...there is partial or total replacement of Döderlein bacilli by other organisms.

"...the pH approaches neutrality or alkalinity."

Kuder, K.: Vaginal Infections,
J. Am. M. Women's A. 5:173
(May) 1950.

floraquin®

—stimulates renewal of the normal thickness of the vaginal epithelium, aids in replenishing the normal glycogen content of the mucosal cells. It is an effective trichomonacide, combats pathogenic organisms and restores a vaginal pH of approximately 4.0, which is favorable to the regrowth of the normal protective flora.

Floraquin combines the potent trichomonacide and fungicide, Diodoquin-Searle (diiodohydroxyquinoline), with lactose, dextrose and boric acid.

SEARLE / *RESEARCH IN THE SERVICE OF MEDICINE*

drugs . . . Many Britons no longer refer to their family physician as "Doctor," says New England Journal of Medicine; instead, "they use only his surname" . . . Civilian medicine gets equal voice with military on new Armed Forces Medical Policy Council. There, under chairmanship of Dr. Richard L. Meiling, three non-military physicians meet periodically with the three Surgeons General.

Whirlwind on wheels: Kentucky medical association's field secretary, Robert Poisall, chalked up personal visits with 2,098 out of 2,400 Kentucky physicians in first five months on job . . . New headquarters upcoming for country's largest health co-op, Group Health Association, Washington, D.C. Members taxing selves $30 to $70 apiece to pay cost . . . Prevention takes limelight at this month's Chicago conference called by Commission on Chronic Illness. Early detection of long-term ailments being stressed . . . Headline in Pittsburgh's Mt. Washington News: NURSES TO STUDY EMERGENCY PANS. Story doesn't say who studied the L out of 'em.

Pregnancy overburdening Rhode Island's cash sickness compensation system—so recent survey recommends modifying law. Pregnant women now getting almost third of all benefit money . . . New York State's tenth medical school, part of Yeshiva University in New York City, will begin conferring medical degrees in 1952 . . . Don't stand there waiting for upper-bracket citizens to fatten the fund to aid medical schools, says Los Angeles Times. The money, it emphasizes, must come from middle-income pockets—mostly from "doctors who are willing to pay for what they profess."

Research fellowships in internal medicine, with $3,000-$3,500 stipends, being offered by American College of Physicians. Applications accepted to October 1 . . . Physicians who use radioactive-isotopes now checking their malpractice insurance policies on advice of American College of Radiology. Some companies cover radioactive-isotope injury; some don't . . . Seen in the Clarksdale (Miss.) Daily Press: "Like most hospitals in the country today, it isn't adequately stuffed."

THE PATIENT

failed

TO RESPOND

TO THE USUAL

MULTI-VITAMIN THERAPY

Only recently has medical science discovered why multi-vitamins frequently fail to correct symptoms of multi-vitamin deficiency. By tracing many nutrients through the body with the aid of radioisotopes, it has been proved that . . .

Without minerals and trace elements, vitamins are useless.

In addition, Minerals, Trace Elements and Vitamins are now known to play both a prophylactic and therapeutic role in many specific conditions, such as, diabetes, cardiovascular diseases, undulant fever, senile dysfunctions and the many conditions requiring diet.

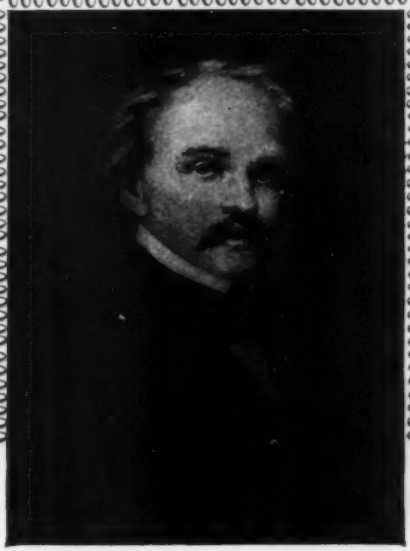
VITERRA provides 12 MINERALS and TRACE ELEMENTS and 9 VITAMINS to hasten convalescence and maintain optimal well-being.

12 MINERALS and 9 VITAMINS
ALL IN ONE CAPSULE

Viterra

Cobalt	0.1 mg.
Copper	1 mg.
Boron	0.2 mg.
Iron	10 mg.
Iodine	0.15 mg.
Calcium	213 mg.
Manganese	1 mg.
Magnesium	6 mg.
Molybdenum	0.2 mg.
Phosphorus	165 mg.
Potassium	5 mg.
Zinc	1.2 mg.
Vitamin A	5,000 USP Units
Vitamin D	500 USP Units
Thiamine HCl	3 mg.
Riboflavin	3 mg.
Pyridoxine HCl	0.5 mg.
Niacinamide	25 mg.
Ascorbic Acid	50 mg.
Pantothenate	5 mg.
Tocopherols, Type IV	3 mg.

J. B. ROERIG AND COMPANY
536 LAKE SHORE DR., CHICAGO 11, ILLINOIS



Psychoneurotics of Genius

Hawthorne, distinguished American novelist, is said to have been afflicted with a psychoneurosis from early childhood. His quiet life, wholly detached from the major activities of the times, was largely given over to brooding solitude.

In the great majority of psychoneurotics, there is no serious mental illness, but merely an emotional imbalance which often can be greatly improved by proper psychotherapeutic and sedative management. In the treatment of psychoneurosis, particularly agitated, depressed and anxiety states, Mebaral has been considered to be "by far the best sedative since it produces more tranquillity and less narcosis than any other drug, and without untoward symptoms."[1] Average sedative dose: Adults, 32 mg. to 0.1 Gm. (½ to 1½ grains) three or four times daily. Children, 16 to 32 mg. (¼ to ½ grain) three or four times daily. Tablets ½, 1½ and 3 grains.

1. Cohen, Benjamin, and Myerson, Abraham: *New England Jour. Med.*, 227:336, Aug. 27, 1942.

MEBARAL

Brand of Mephobarbital

Tasteless SEDATIVE AND ANTISPILEPTIC
Little or No Drowsiness

WINTHROP-STEARNS INC. • NEW YORK 10, N. Y. • WINDSOR, ONT.

guarding against megaloblastic a[illegible]emia

a new product

Inadequate vitamin C in infant feeding often leads not only to scurvy but also to megaloblastic anemia.[1] BREMIL—newest product of Borden research—guards against these grave nutritional complications by providing three times the recommended daily allowance[2] for vitamin C in the reliquefied quart.

Appreciation of the importance of infantile megaloblastic anemia begins with the classic description of the syndrome by Zuelzer and Ogden.[3] May, et al., observe that megaloblastic anemia "has been reported frequently as a complication of scurvy."[1] They also report concerning their own work: "When vitamin C was provided adequately, the diets tested did not lead to megaloblastic anemia."[1]

Careless formula preparation or simply failure to give the required vitamin C when prescribed often explains the inadequacy in vitamin C intake. Physicians will therefore appreciate particularly the fact that BREMIL provides more than ample ascorbic acid. And, of course, BREMIL meets similar requirements for vitamins A, B, and D, riboflavin and niacin.

moreover . . . an adequate provision of vitamin C is not the only attribute that makes BREMIL new and unique

BREMIL is a completely modified milk in which the calcium-phosphorus ratio (1½:1) is adjusted to the pattern of human milk, thus helping to prevent hypertonicity, hyperirritability and other tetanic symptoms in infants.[4,5] BREMIL has the fatty acid and amino acid patterns of human milk . . . the same carbohydrate (lactose) . . . more iron . . . a soft, flocculent curd of small particle size comparable to human milk . . . complete solubility.

BREMIL can be mixed for a single feeding or a 24-hour period. Formula preparation is as rapid as with a liquid product. Moreover, BREMIL does not settle out on standing. Standard dilution is 1 level tablespoonful and 2 fl. oz. water, although BREMIL can be either concentrated or diluted. Each level tablespoonful BREMIL powder supplies 44 calories.

Complete information and a trial supply may be obtained upon request.

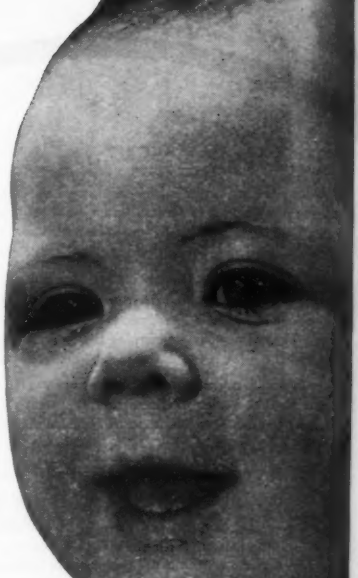
BREMIL is available in drugstores in 1 lb. cans.

1. May, C. D., et al.: *Am. J. Dis. Child. 80:191, 1950.*
2. Recommended Daily Dietary Allowances, Rev. 1948, Food and Nutrition Board, National Research Council.
3. Zuelzer, W. W., and Ogden, F. N.: *Am. J. Dis. Child. 71:211, 1946.*
4. Gardner, L. I., Butler, A. M., et al.: *Pediatrics 5:228, 1950.*
5. Nesbit, H. T.: *Texas State J. M. 38:551, 1943.*

flexible, palatable, easy to prepare **Bremil®** *powdered infant food*

Prescription Products Division
The Borden Company, *350 Madison Avenue, New York 17*

TO PREVENT OR CORRECT INFANT ANOREXIA



The common nutritional complaints of infancy—anorexia, undernourishment, slowness of weight gain, propensity to infection—are generally easily eliminated when White's Multi-Beta Liquid is part of the infant's diet routine.

Just five drops daily of White's Multi-Beta Liquid raises the average infant intake of all clinically important vitamin B factors to a safe level.

Also an excellent infant or adult prescription ingredient, White's Multi-Beta Liquid is compatible in equal parts with Tincture Nux Vomica; in 1 to 4 parts of Elixir Phenobarbital; and in 1 to 8 parts of White's Mol-Iron Liquid.

IN A PALATABLE, NON-ALCOHOLIC STABLE FORMULA

	Each cc. (approx. 20 drops) contains:
Thiamine Hydrochloride, U.S.P.	2.5 mg.
Riboflavin	0.5 mg.
Pyridoxine Hydrochloride	0.15 mg.
Calcium Pantothenate	0.2 mg.
Nicotinamide	10.0 mg.

White's **MULTI-BETA LIQUID**

...multi-purpose B complex source

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.

Speaking Frankly

Runaround

I called my doctor the other day. "Sorry," I was told, "Dr. Smith is no longer doing general practice. He is now an orthopedist." So I called Dr. Jones. He had become an anesthetist. The next man I phoned, Dr. Black, is now an aurist. I was then passed over by a cardiologist, a urologist, and a psychiatrist.

I can forgive the psychiatrist; he's a necessity by now. But for every other medical need, I'm sticking to sulphur and molasses.

D. C. Kushner
Stroudsburg, Pa.

Surgery

I thought "New Conflicts Rock Hospital Staffs" was excellent. But one basic reason for these conflicts is worth amplifying:

On a recent trip to look over towns in which I might settle, I found a number of hospital staffs dominated by the senior surgeons. These men, formerly G.P.'s, had joined the American College of Surgeons when entrance requirements were much different from now. Yet these men were prohibiting all new doctors who came in as G.P.'s from doing *any* surgery.

Thus a new practitioner is kept from doing what he has been taught to do under the supervision of board surgeons. Reason: He doesn't have "surgical training."

More common sense and tolerance would be a big help. We ought to pay more attention to a man's abilities than to his paper qualifications.

M.D., Michigan

Referendum

I liked your recent editorial on the need for an AMA referendum. But I do not think the brass of the AMA will go for it: The G.P.'s would then have too much say.

The specialists, who know more and more about less and less, are hogging the road. They want to dictate to the whole profession, yet they constitute only a minority. A referendum would be entirely too democratic for them. So the AMA will probably remain only a form of democracy, run by an oligarchy.

Rollin M. Falk, M.D.
Coquille, Ore.

Turnabout

I was thoroughly gratified to read the "Citation" given MEDICAL ECONOMICS in the form of a letter from Dr. Elmer L. Henderson, president

of the American Medical Association. How different from the vicious and unjustified attacks on you made twenty years ago by Morris Fishbein!

You have now, as you had then, my unqualified support in your constructive and independent work on behalf of American medicine. May it long continue.

Hans Schroeder, M.D.
San Francisco, Calif.

Convincer

Internal Revenue people, not being familiar with what it costs to serve as a medical society officer, are inclined to question large deductions under this heading. This year, therefore, when I mail in my Federal income tax return for 1950, I'm going to enclose a copy of an article you published last summer—the one telling about the expenses incurred by Dr. Elmer Henderson and other medical association heads. It was an excellent example of the helpful little things that crop up in your magazine.

M.D., Massachusetts

Specialists

How indifferent and calloused is the attitude of the specialist! To him, a patient is just an endocarditis or a keratitis or an appendectomy. He seldom attempts to alleviate the patient's mental distress. Even those specialists who have branched out from general practice tend to display an impersonal, overly objective attitude.

There's no question that a spe-

NATURAL CORRECTIVE

RESTORE NORMAL COLONIC RHYTHM WITHOUT CATHARSIS

NEO-CULTOL provides a natural, physiologic corrective for patients troubled with chronic constipation not due to an organic process. It acts gently, restoring the normal intestinal flora, counteracting intestinal putrefaction, and establishing normal colonic function.

NEO-CULTOL does not depend upon cathartic action. It supplies a viable implant of *Lactobacillus acidophilus* in a highly refined, tasteless mineral oil jelly, providing gentle lubrication without griping, flatulence, or diarrheic movements.

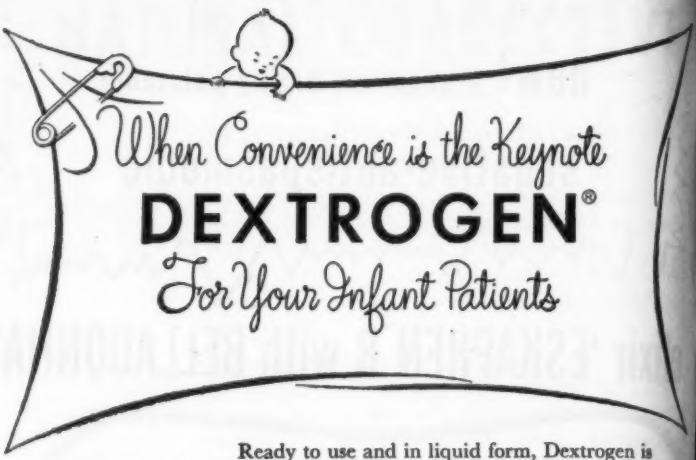
FEATURES: • Pleasantly chocolate flavored, ensuring palatability • Melting point adjusted to prevent leakage • Non-habit-forming.

DOSAGE: Adults — 1 or 2 teaspoonfuls. Children — 1 teaspoonful.

IMPORTANT: To be taken only at bedtime.

THE ARLINGTON CHEMICAL COMPANY

YONKERS 1, NEW YORK



Ready to use and in liquid form, Dextrogen is a concentrated infant formula, made from whole milk modified with dextrins, maltose, and dextrose. In addition, it is fortified with iron to compensate for the deficiency of this mineral in milk. Diluted with 1½ parts of boiled water,* it yields a mixture containing proteins, fats and carbohydrates in proportions eminently suited to infant feeding. In this dilution it supplies 20 calories per ounce.

The higher protein content of normally diluted Dextrogen—2.2% instead of 1.5% as found in mother's milk—satisfies every known protein need of the rapidly growing infant. Its lower fat content makes for better tolerability and improved digestibility. Dextrogen serves well whenever artificial feeding is indicated, and is particularly valuable when convenience in formula preparation is desirable.

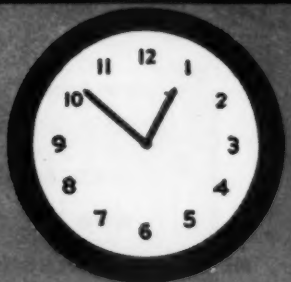
NOTE HOW SIMPLE TO PREPARE

All the mother need do is pour the contents of the Dextrogen can into a properly cleaned quart milk bottle, and fill with previously boiled water. Makes 32 oz. of formula, ready to feed.*

*Applicable third week and thereafter; 1:3 for first week, 1:2 for second week.

THE NESTLÉ COMPANY, INC.

COLORADO SPRINGS, COLORADO



How many hours 'til 6 o'clock, Doctor?

Only five. And if these 300 busy minute seem like a dismally long stretch to you it's time to take a searching look at th place you work and the equipment yo work with.

That's only common sense. For th atmosphere of your office and the efficienc of your equipment do much to make you office-day drag along or click right by. An how do your patients feel about time spen in your office?—they're apt to find it jus as pleasant or dreary as you do.

If a little serious thought convinces yo that it is time for an easily-accomplishe change of office atmosphere, make sure yo discover the part new Hamilton Colorton examining room equipment can play. Th warmth and charm of Colortone's natura wood beauty—and 26 separate features de signed to make your every hour more pro ductive—are yours in Hamilton equipmen

Why wait any longer?

On display at your Hamilton Dealer'

Colortone

Hamilton MANUFACTURING COMPAN
TWO RIVERS, WISCONSIN

"PREMARIN"
WITH
METHYLTESTOSTERONE

i.e.

wherever combined estrogen-androgen therapy is indicated

i.e. in fractures and osteoporosis in either sex to promote bone development, tissue growth, and repair.

i.e. in the female climacteric in certain selected cases.

i.e. in dysmenorrhea in an attempt to suppress ovulation on the basis that anovulatory bleeding is usually painless.

i.e. in the male climacteric to reduce follicle-stimulating hormone levels.

"Premarin" with Methyltestosterone

for combined estrogen-androgen therapy

A steroid combination which permits utilization of both the complementary and the neutralizing effects of estrogen and androgen when administered concomitantly. Thus certain properties of either sex hormone may be employed in the opposite sex with a minimum of side effects.

Availability: Each tablet provides estrogens in their naturally occurring, water-soluble, conjugated form expressed as sodium estrone sulfate, together with methyltestosterone.

No. 879—Conjugated estrogens equine ("Premarin").....1.25 mg.
Methyltestosterone .....10.0 mg.
Bottles of 100 tablets (yellow)

No. 878—Conjugated estrogens equine ("Premarin").....0.625 mg.
Methyltestosterone .....5.0 mg.
Bottles of 100 tablets (red)

Ayerst, McKenna & Harrison Limited
22 East 40th Street, New York 16, N. Y.

tain amount of objectivity is the right approach. But the specialist could at least warm up enough to soften the anxiety of the patient and his family. A little kindness and sympathy is often better treatment than a dose of phenobarbital or bromides.

M.D., Pennsylvania

Savings

It's nice to read that the old question of a tax-free plan for M.D.'s has been revived. I suggest that the AMA outline a program of concerted political action for legislation that would allow doctors to bank a reasonable percentage of their income against retirement. It's long overdue. And I'll wager doctors *could* work together on *this.*

Robert L. Sells, M.D.
San Mateo, Calif.

Prescriptions

Your recent article, "The Law and Your Prescriptions," says: "For two years after the doctor issues any narcotic-containing prescription, he must keep a record of it." That's not quite right, is it? As I understand it, narcotic laws require only that he keep a record of all narcotic drugs he *dispenses.*

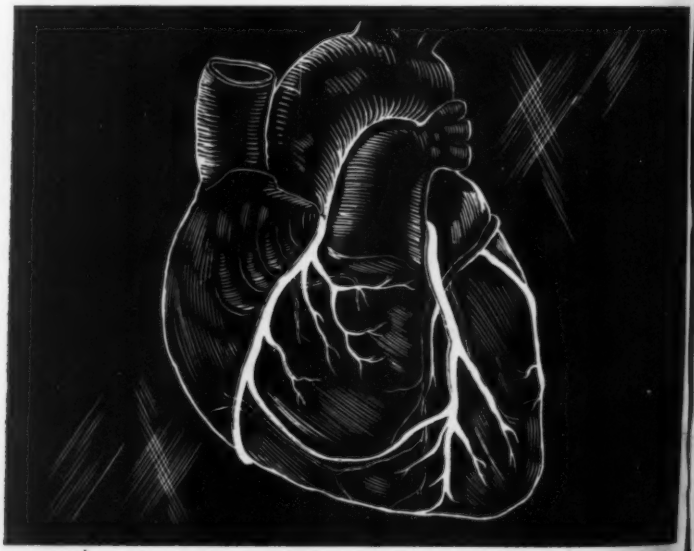
E. J. Kettelhut, M.D.
Milwaukee, Wis.

Reader Kettelhut is correct. However, the Treasury Department does want physicians to keep a record of narcotic prescriptions issued. While no time requirement has been set, it would be a sound

Decrease the Severity—
Lengthen the Interval—
Improve Exercise Tolerance—
in Angina Pectoris

The effective long-lasting coronary relaxant activity of KHELLOYD is of both prophylactic and therapeutic value in the angina syndrome.

The clinical effect of KHELLOYD is to decrease the number and severity of attacks, and improve exercise tolerance.



KHELLOYD is *pure* khellin—the active principle which has a pharmacologically demonstrated selective action on the smooth muscle of coronary arteries. Blood flow is thus materially increased with resulting improvement in cardiac nutrition and reduction of myocardial anoxia.

In therapeutic dosage, the drug does not affect blood pressure, respiration or heart rate. Toxicity appears to be low, but side effects such as nausea, vertigo or drowsiness are indications for reducing the dosage.

DOSAGE: The usual adult dose is 1 tablet (50 mg.) 3 or 4 times daily after meals until favorable results are obtained. Dosage should then be reduced to a maintenance level—1 to 3 tablets daily. During acute episodes, single doses as high as 200 mg. may be given.

KHELLOYD is a cumulative drug, and careful regulation of dosage is essential.

KHELLOYD

TRADEMARK

Long-acting Coronary Relaxant

KHELLOYD is supplied in bottles of 50, 250 and 1000 tablets, each containing 50 mg. of purified khellin (visammin).

Complete bibliography and literature on request.

LLOYD BROTHERS,
Pharmacists, Inc.
Cincinnati 3, Ohio

In the Interest of Medicine Since 1870

policy to keep such a record for two years.

Aides

The office girl who has ideas of her own about how the business end of your practice should be conducted needs to be watched carefully. She may well get delusions of grandeur. She may, in fact, become insufferably uppish with patients.

Her ideas about building you up (and herself at the same time) may actually prove damaging. No office girl can successfully build up a stuffed shirt. The others need no build-up.

M.D., Illinois

Handy

A recent Panorama item mentioned my "simple system of twenty hand signals for speechless aphasics." I'd like to add that copies of a chart illustrating these signals are available to any physician who writes me at 601 West 110th Street, New York City.

Hamilton Cameron, M.D.
New York, N.Y.

Telephone

A great many patients are annoyed by the stock telephone question of the doctor's aide: "Who's calling, please?" It conveys the impression that the doctor is (1) acting hard to get, (2) building himself up as a tremendously busy VIP, or (3) deciding whether he will deign to answer the phone.

Getting such a response from the office girl is a poor start on the

Now...Vitamin A, C, D Drops

in aqueous solution  **for *better absorption***

Aquasperse

Vitamin ACD Drops

Advantages:

Aqueous Solution — means faster and more efficient absorption of the fat-soluble vitamins A and D.

In conditions in which fat absorption is impaired, such as diarrheas, celiac disease, hepatic and biliary disturbances, the value of an aqueous solution is obvious.

Hypoallergenic — all the component vitamins of Aquasperse are synthetic. Consequently it may be used where patients cannot tolerate natural source vitamins.

Pleasant flavor . . . no objectionable odor — Aquasperse has an appealing, slightly citrus flavor and practically no odor.

EACH 0.6 CC. CONTAINS:

vitamin A	5000 U.S.P. Units
vitamin D_3	1000 U.S.P. Units
ascorbic acid	50 mg.

Note: The vitamin D_3, in Aquasperse is chemically indentical and biologically equivalent to the vitamin D of cod liver oil.

•

Available—In bottles of 15 cc. and 50 cc. (with calibrated dropper)

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.

physician-patient relationship. In my own office, I have laid the law down as follows:

The girl answers the phone by saying "Doctor's office." When the patient asks for me, her reply is: "Certainly, one moment please." If I can't take the call right away, she says, "The doctor is unable to answer the phone at the moment. But if you'll give me your name and number, I'll call you back the moment he is free."

Result: A feeling on the patient's part that his needs are being taken seriously from the start.

M.D., Illinois

Bookshelf

I have for a number of years attempted to save each article in MEDICAL ECONOMICS. But without a cross-reference it's often hard to find the one I want.

Would it be possible for you to issue a yearly volume without the advertisements? I feel sure you would find a ready sale for such an annual.

Floyd J. O'Hara, M.D.
Vancouver, Wash.

MEDICAL ECONOMICS *publishes a semi-annual index in April and in October. Many readers have their copies bound locally each year. For these reasons, we have not previously given more than passing thought to the idea of a bound annual with index and without advertisements. But if enough physicians want it, such a volume can easily be made available.*

a report of a revolutionary new development

in the management of congestive heart failure

Smith, Kline & French Laboratories presents:

RESODEC

Trademark

for sodium control

'Resodec' simplifies and ensures salt restriction by removing sodium—not from the dinner plate, but from the contents of the intestinal tract.

Why sodium restriction is so important in congestive heart failure

An outstanding characteristic of the patient with congestive heart failure is that he retains excessive amounts of sodium. And, to the extent that he retains excess sodium, he will accumulate excess fluid. Ten grams of salt retained will produce the accumulation of about a quart of water.

Now, the physician is entirely familiar with the complications caused by this excess fluid, which manifests itself as edema. Greater demands are made on an already failing heart. The renal blood flow and glomerular filtration rate decrease ... causing an increased degree of sodium retention. This, in turn, leads to even more fluid accumulation and a renewal of the morbid cycle.

This is why it is vitally important (1) to restrict sodium, and thus (2) to prevent or arrest the retention of excess water.

The "low-salt" diet has always been difficult

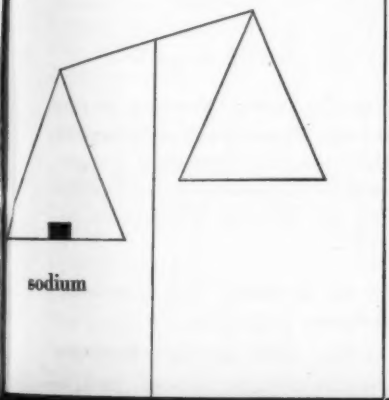
The "low-salt" diet has been advocated by leading specialists in congestive heart failure—primarily because, until recently, it has been the only direct method for the control of sodium.

The difficulties of this regimen, however, are many. The diet is almost intolerable, requires the preparation and expense of separate meals, and prevents the patient from dining out. Finally, even after undergoing this ordeal, few patients actually attain the low sodium level that the regimen is intended to achieve.

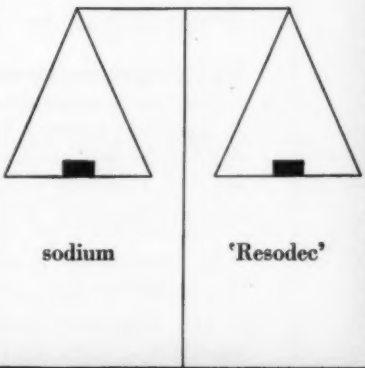
Resodec removes sodium . . .

At last—in Resodec—S.K.F. Laboratories has developed a new therapy which gives the physician a positive means of achieving sodium control—with virtually no danger of sodium depletion. This remarkable substance has the ability to remove excess sodium from the contents of the intestinal tract and to carry it out of the body in the feces. This removal of sodium permits the kidneys to excrete the excess fluid. Thus, the edema is controlled, the weight declines and the load on the heart is markedly reduced.

Resodec does not produce any significant physiological change whatsoever, except for the removal of excess sodium.



Sodium imbalance causes edema



'Resodec' restores sodium balance

Continued on next page

. . . without the danger of potassium depletion

Moreover—and this is highly important—Resodec does not interfere with the normal metabolism of potassium. Its prolonged use does not endanger electrolyte balance.

Resodec Offers the Patient and Physician 2 Outstanding Advantages:

1. Resodec assures **adequate** sodium control.
2. Resodec frequently allows greater dietary freedom,
   . . . thus encouraging patient cooperation
   . . . and lessening the danger of protein deficiency.

How Resodec Is Synthesized

Resodec is one of a class of substances known as cation exchange resins. The class of resins to which Resodec belongs is entirely distinct from the "anion exchange resins". These latter, which attract negatively charged ions (anions), have found a completely different medical use, i.e., in the treatment of peptic ulcer. In the synthesis of Resodec, two important constituents are added to each 15 Gm. (single dose) of the basic resin: (1) Potassium ions (20 mEq.), and (2) Ammonium ions.

Why potassium is added to the resin. Potassium is the only element—other than sodium, of course—that is removed in significant amounts by the resin. The potassium ions are added to the resin to compensate for the potassium that Resodec removes. Thus, the possibility that Resodec will produce potassium depletion is eliminated.

Why ammonium is added to the resin. The ammonium that is added to the resin serves two purposes:

1. The ammonium form of the resin provides maximum palatability.

2. The ammonium ions—when they are released—combine with chloride ions to form ammonium chloride, a mild diuretic.

What Resodec is

Resodec is a virtually inert and completely non-absorbable substance. It is a refined, white, easily pouring powder—odorless, tasteless, and of a pleasant consistency.

With Resodec there is no evidence of toxicity

Acute and chronic toxicity studies on Resodec have been negative.

Studies of stools of Resodec-fed animals showed that Resodec does not interfere with the absorption of essential nutrients and minerals. Hemoglobin, red blood count, hematocrit and white cell count were entirely normal.

How Resodec Works

The basic action of Resodec can be most simply explained as two separate chemical exchanges:

1. In the acid medium of the stomach, Resodec releases the potassium and ammonium ions that have been bound to it. The potassium ions compensate for the potassium that the resin will remove when it reaches the intestinal tract. The ammonium ions combine with chloride ions to form ammonium chloride, a mild diuretic.

In exchange for the potassium and ammonium ions which have been released, the resin takes on some hydrogen ions.

2. In the alkaline medium of the lower small intestine, a second exchange occurs. The resin attracts and binds to itself sodium ions (and also some potassium ions). In exchange for these sodium ions, the resin releases the hydrogen ions that it picked up in the stomach.

The sodium that is bound by the resin is "carried" out of the body in the feces.

In short, Resodec removes excess sodium without producing any other significant physiological change. Therefore, the net result is a low sodium effect.

Continued on next page

The chronic toxicity studies are of special interest because Resodec is, in most cases, a long term medication. These chronic toxicity studies—where Resodec was used in animals over a long period of time—showed no pathology suggestive of toxicity.

Indications

Resodec is indicated wherever a "salt-free" or low salt diet is required in the management of congestive heart failure and cirrhosis.

Contraindications

The use of Resodec should be limited to the indications listed above. Its use is contraindicated in the presence of definite renal insufficiency, glomerulonephritis, oliguria and anuria.

Therapeutic effect

In the majority of cases, if the patient uses Resodec as directed, omits table salt, and eliminates excessively salty foods such as bacon—

(1) his edema will be controlled,
(2) his weight will decline,
(3) and the load on his heart will be markedly reduced.

Quantitatively, Resodec produces the approximate effect of halving the patient's salt intake. The following figures provide a general guide:

Salt intake (per day)	Resodec initially will remove
7-12 Gm. (mild case—normal diet)	3-4 Gm.
3-6 Gm. (moderate case—moderate restriction)	1½-3 Gm. (50%)
1-2 Gm. (severe case—drastic restriction)	1 Gm., or less

Dosage and Administration

The daily dosage of Resodec is 1 packet (15 Gm.) three times daily, at mealtime. The therapeutic effect should be regulated by varying the dietary intake of sodium—**not** the dosage of

Resodec. The proper degree of dietary restriction may be determined by observing the response of the patient, just as with the "salt-free" diet. (See Diet section, below.)

Resodec may be taken with fruit juice, milk or water, or in any other way that is convenient for the patient. Because individual tastes vary so widely, it is desirable to encourage the patient to experiment with different ways of taking Resodec.

Diuretics

Obviously, in the markedly edematous patient, even with Resodec therapy, mercurials or other diuretics are sometimes required to hasten the return to normal fluid balance.

As the edema disappears, however, Resodec becomes the major therapy. It helps maintain the normal fluid balance by removing sodium—just as the "low-salt" diet is intended to do. In all but the most severe cases, use of Resodec should eventually diminish the need for diuretics.

Diet

In most cases, Resodec does not eliminate the necessity for some dietary restriction of salt.

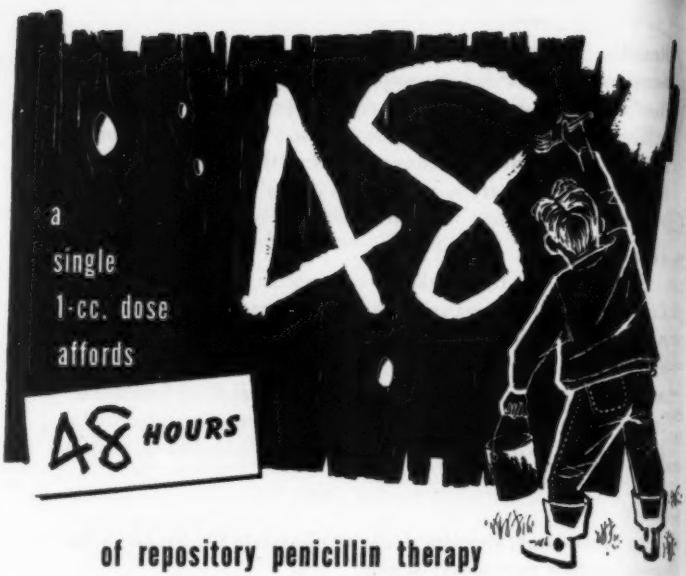
The majority of patients using Resodec, however, will be satisfactorily maintained on normal household cooking if they merely eliminate salt at the table and omit excessively salty foods such as bacon.

In more advanced cases, additional dietary restriction of sodium will probably be required, i.e., (1) no salt added in cooking and (2) careful selection of low sodium foods.

The precise degree of dietary restriction required with Resodec may be determined by observing the response of each patient—just as with the "salt-free" diet. **But—whatever the degree of dietary restriction—it will be far more therapeutically effective in conjunction with Resodec therapy.**

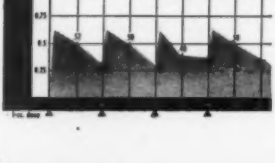
How to write for Resodec

When prescribing Resodec, be sure to write for **1 carton.** Each carton contains one week's supply—21 single dose (15 Gm.) packets. **Complete directions for administration appear on each packet.**



of repository penicillin therapy

For true repository therapy, try Abbocillin-DC. With this new, 600,000-unit penicillin, blood concentrations adequate for the treatment of mild to moderately severe infections are consistently obtained with only 1 cc. every 48 hours. This means fewer injections, smaller dosage, less patient discomfort. When given at 24-hour or more frequent intervals, a cumulative effect provides higher concentrations over an extended period. • In all conditions for which repository penicillin is indicated, Abbocillin-DC is excellent therapy. Recommended, too, for prophylactic use in preventing secondary infections. Always handy, always ready to use. Easily administered without clogging. • Contains no oils or waxes. May be stored at ordinary room temperature. Abbocillin-DC is available at all prescription pharmacies. It is supplied in single units and in boxes of 12 units. Abbott



ABBOCILLIN®-DC

PENICILLIN G PROCAINE IN AQUEOUS SUSPENSION

600,000 units—Double Concentration

in B-D® 1-cc. Disposable Cartridge Syringe

*T. M. Reg. Becton, Dickinson & Co.

Sidelights

Catastrophic Coverage

Protection against long-term ills is something that most Blue Shield plans don't yet offer. This lack is perhaps the greatest remaining weakness of our voluntary health insurance plans—the area where they still have to prove themselves. We think it's high time to get on with the proving job.

A year ago, California Physicians' Service moved into this uncharted territory. For a small extra premium ($.90-2.20 a month), CPS offered its 1 million subscribers two-year protection against the costs of cancer, TB, polio, and similar budget-bursting ills. Public response was electric—and prepay organizations throughout the country geared up their plans for following the CPS lead.

But the gears just haven't meshed. CPS is still the only Blue Shield plan actually marketing this coverage. Outside California, people who want protection against extra-large medical bills just can't buy it. And they're beginning to ask why.

Writing in these pages earlier this year, Dr. John W. Cline, AMA president-elect, had something to say on the subject. "We must not forget," he pointed out, "that our plans must stay actuarially sound—something the politicians do not have to worry about. That means the newer plans will not be able to offer catastrophic coverage at this time. But the older and bigger ones can well afford to experiment."

Michigan, New York, Massachusetts, Ohio, Pennsylvania, Washington, and Indiana papers—please copy.

Speaking of Fees

A sense of values is a fragile thing. It can be shattered by a stranger's casual remark. Even if the remark is delivered in a listless monotone, devoid of all emotion.

It was a Washington cab driver talking. "I worked eleven hours yesterday," he said softly as we threaded our way through traffic. "I went home with $10 in my pocket and a splitting headache. So I phoned the doctor. He said he could stop in and see me on his way to the hospital—it wouldn't be any trouble. Well, he stayed just ten minutes, wrote me out a prescription, and charged me $7 cash. Goddam!"

It's a good thing, every now and then, to have our sense of values

Double THE POWER TO RESIST FOOD

FOOD IN ...

Obesity

The double trouble in managing obese patients is a twin torment of appetite and bulk hunger. One might successfully depress appetite, but the intense, gnawing hunger and sense of emptiness which besets many obese patients on a restricted diet cannot be easily controlled by the will alone.

OBOCELL—a combined hunger *and* appetite depressant—doubles the power of resistance and makes adherence to a restricted diet much easier for more prolonged periods because both bulk hunger and appetite are treated synonymously.

OBOCELL supplies methylcellulose (150 mg.), an indigestible, nonnutritive bulking agent, plus dextro-amphetamine phosphate (5 mg.), the most potent agent to curb the appetite. *Supplied:* Bottles of 100, 500, 1000 at prescription pharmacies everywhere.

Obocell

IRWIN, NEISLER & CO. DECATUR, ILLINOIS

shattered. The pieces can always be put back together, cemented in place with just a bit more human understanding.

Prescription Blanks

A good many otherwise astute physicians, it seems to us, have a blind spot for what's on the backs of their prescription blanks. We're talking about the rather frequently seen imprint that says:

TAKE THIS TO
DUNGELHEIMER'S DRUG STORE

The patient is then given Dungelheimer's address and phone number.

Both physician and pharmacist may know, in a particular case, that no harm is done by this modest exchange of benefits. But the patient doesn't necessarily know it. Today, with so much being said in print about rebating, these pharmacists' imprints deserve at least a second thought.

Sure, it's nice to have some druggist supply you with free prescription blanks. But it's worth remembering that what you save is more than offset if even one patient begins to ask his friends, "What do you suppose the doctor's cut is?"

Fishbein Revisited

It's been fifteen months now since the name last adorned the masthead of the Journal AMA. In some medical circles today, you can even hear the occasional query: What-

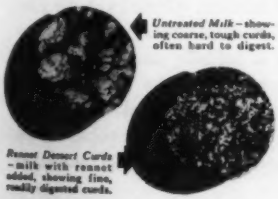
RENNET-CUSTARDS . . .

FOR AN AVERAGE

Younger Infants

Rennet-custards, made from uncooked milk with "Junket" Brand Rennet Powder or Tablets, are among the first desserts advised by pediatricians for young infants. These delicious, eggless milk desserts, more easily digested than milk itself, help to cater to the younger infant's developing preference for solid foods—thus permitting early spoon feeding of a pleasing new texture in a desirable variety of flavors and colors. Quickly prepared, and in no way changing the nutritive values of uncooked milk, rennet-custards afford a welcome diversity to, and heightened interest in, this all-important food for the younger infant. Mothers will appreciate your specific recommendation on your Diet Lists.

"JUNKET" BRAND FOODS
DIVISION
Chr. Hansen's Laboratory, Inc.
LITTLE FALLS, N. Y.



Untreated Milk – showing coarse, tough curds, often hard to digest.

Rennet Dessert Curds – milk with rennet added, showing fine, readily digested curds.

"Junket" Rennet Powder – sweetened, six flavors.
"Junket" Rennet Tablets – unsweetened, unflavored (particularly for very young infants and diabetics)

"JUNKET" is the trade-mark of Chr. Hansen's Laboratory, Inc., for its rennet and other food products.

From where I sit *by* Joe Marsh

Slim and His "Ali Species"

Slim Baker, who's always doing something crazy, had a lot of people smiling last week because his entry won a ribbon in the Women's Club Annual Pet Show.

Seems as though Slim saw a strange-colored alley cat with no tail and brought it home. He washed, combed, and brushed it and put a collar on the cat with a card reading "Ali Species." Then he enters it in the show.

Hanged if the ladies didn't think it was some rare kind of cat and gave it a special award! When one of them asked Slim where she could get one like it, he said, "It's all yours, M'am—I can get an 'Alley Cat' anytime I want!"

From where I sit, some of us are often easily "taken in" on someone else's say-so. Whether awarding prizes, passing judgment on how a man should follow his profession, or questioning our neighbor's preference for a glass of beer—let's take a look from stem to stern before making any final decision on the matter.

Joe Marsh

ever happened to Morris Fishbein?

The answer is about what you might expect. At 62, the editor emeritus is still a pretty fair facsimile of perpetual motion. Not long ago, his retirement activities were brought under the analytic gaze of one of our staff researchers. Somewhat dazedly, our staff man (a fellow who grudgingly commutes seven miles to and from work) reports that Dr. Fishbein logged a grand total of 26,050 miles during the six months surveyed.

At one point, he stayed in Chicago for seventeen straight days. Nearly all the remaining time, he was making tracks for such places as Europe (once), the West Coast (twice), New York City (eight times), and such assorted way stations as Jamestown, N.D., Coos Bay, Ore., La Junta, Col., Lake Placid, N.Y., and Sandusky, Ohio.

This bi-hemispheric round of speeches, conferences, and personal visits is the same incredible Fishbein mixture: meetings of the World Medical Association in New York and Copenhagen (where he tends to squirm under the "dreary repetitions of speeches made in three languages"); afternoons at the World Series, at the horse races, or perhaps visiting his eight grandchildren; evenings at the Empire Room in Chicago (seated between a hillbilly singer and a TV producer) or at the Stork Club in Manhattan (encircled by publishing bigwigs). And of course there's the hourly swapping of smoking-

"*Oh, Sleep,*

it is a gentle thing"

CARBRITAL brings calm repose and restful sleep to tense and sleepless patients. Combining rapid hypnotic effect with gentle prolonged sedation, residual depression or "hang-over" is unlikely following its administration. For insomnia, nervous tension, preoperative and obstetrical sedation, CARBRITAL Kapseals® and Elixir facilitate individualized medication.

CARBRITAL®

EACH CARBRITAL KAPSEAL CONTAINS

Pentobarbital Sodium . . . . . 1½ grains
Carbromal . . . . . 4 grains

Also available as CARBRITAL Kapseals (half-strength) each containing ¾ grain Pentobarbital and 2 grains Carbromal.

EACH FLUID OUNCE OF CARBRITAL ELIXIR CONTAINS

Pentobarbital Sodium . . . . . 2 grains
Carbromal . . . . . 6 grains

Dosage: Adults—1 or more Kapseals as required; 1 to 4 teaspoonfuls or more of the Elixir as required. (Each teaspoonful of CARBRITAL Elixir contains ¾ grain Pentobarbital Sodium and ¾ grain Carbromal.) *Children*—¾ to 1 teaspoonful according to age and condition.

CARBRITAL Kapseals and CARBRITAL Kapseals (Half-strength) are available in bottles of 100 and 1000; CARBRITAL Elixir in 16-ounce bottles.

PARKE, DAVIS & COMPANY

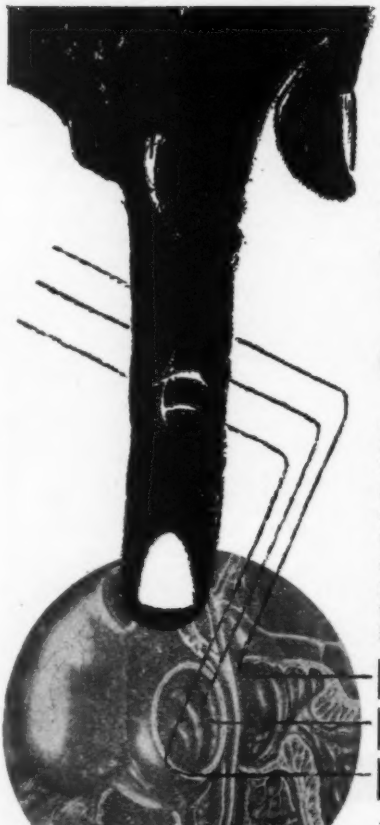
MEDICAMENTA VERA · PD & CO.

room stories ("An expert, they say, is a chambermaid who can look at a mussed bed and tell you whether 'twas done for love or money").

For a change of pace, he falls back on article-writing or book-reading (three during one plane flight on Sept. 17). The change of pace we liked best was one recorded in Oregon last summer: After addressing a forum on "Medicine and the Changing Social Order," he boarded his train and settled comfortably down with a volume entitled "Too Little Love."

Native hospitality helps keep Dr. Fishbein on the go. Witness the evening he spent last April in Amsterdam, Holland, where dinner consisted of thirty-seven different Indonesian foods served on rice—"each one so hot that the gourmet must maintain a constant flow of cold beer down the gullet." After one particularly heavy dose of such largess, he felt obliged to proceed to his local destination on foot, "trying to overcome the calories."

The only out-of-character note we have been able to detect was a Fishbein utterance last October. He had spent the day at an Army Medical Library conference in Washington. That same day, the AMA had banqueted 600 guests in New York. "Old Pepys was sorry to miss it," he wrote a short time later, with a fine disregard for the Fishbein legend, "but even the Army Medical Library contains nothing telling us how to be in two places at the same time."



the finger
of suspicion
points to

biliary disorders

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*Rehfuss, M. E.: Penna. Med. J. 42:1335, 1939.

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a new approach to the treatment of pain

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*Minish, I.T., Jr.: Headache, Kentucky M.J. 48:66 (Feb.) 1950

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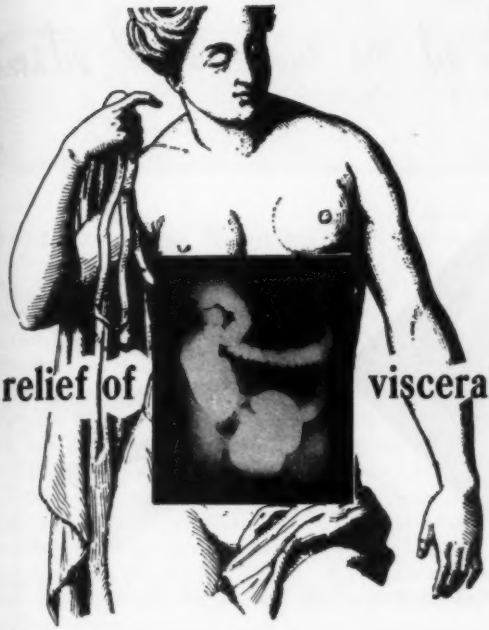

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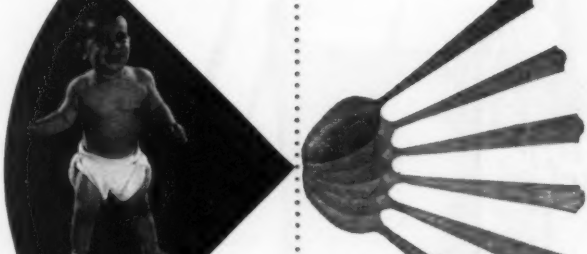

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Editorial

Is Your Prosperity Showing?

• "The prime object . . . is to render service to humanity; reward or financial gain is a subordinate consideration."—*Principles of Medical Ethics.*

When the average private practitioner has an annual net income of $3,792, as he had in 1935, he doesn't have to worry much about looking unbecomingly prosperous.

But what about times when his net earnings hover around $10,000, as they have in recent years? And what about the above-average medical man whose income may be several times as high?

In the vast majority of such cases, we're convinced, financial gain is still subordinate. But it becomes much more difficult to keep patients and neighbors from thinking otherwise. Especially if the physician himself fosters a wrong-way impression.

We're talking about the doctor who, for example:

¶ Outfits his reception room with the costliest furniture and appointments, so that the result puts the patient's own living room to shame.

¶ Displays copies of Fortune magazine, the Wall Street Journal, and other blue-chip publications on his waiting-room table.

¶ Drives a light-hued Cadillac convertible—or, outside the big cities, any sort of inordinately expensive car.

¶ Owns a home that could be mistaken for a country club, complete with an excess of servants.

¶ Provides his wife with an oversupply of furs and jewelry.

¶ Furnishes his sons and daughters with too much spending money, flashy cars, and the like.

¶ Takes frequent and prolonged vacation trips to Florida, Europe, or upper-bracket shore resorts.

This is not to suggest that the medical man shouldn't enjoy the fruits of his labors. It *is* to suggest a bit more restraint in the public demonstration of his earning power. Our profession's tradition—both past and future—demands it.

How long, we wonder, will a fringe of physicians go on strengthening the socializer's hand by unwitting displays of their current good fortune?

—H. SHERIDAN BAKETEL, M.D.

Blue Shield Unveils National Agency

Country-wide medical care contracts soon possible. Blue Cross already in field

• Following two and a half years' gestation, National Blue Shield Service, Inc. was born last December 5, a bouncing baby Ohio corporation. Forty-three out of sixty-eight U.S. medical care plans anted $378,000 to give the youngster a start in life. Best guess is that it will be on its feet and doing business this summer.

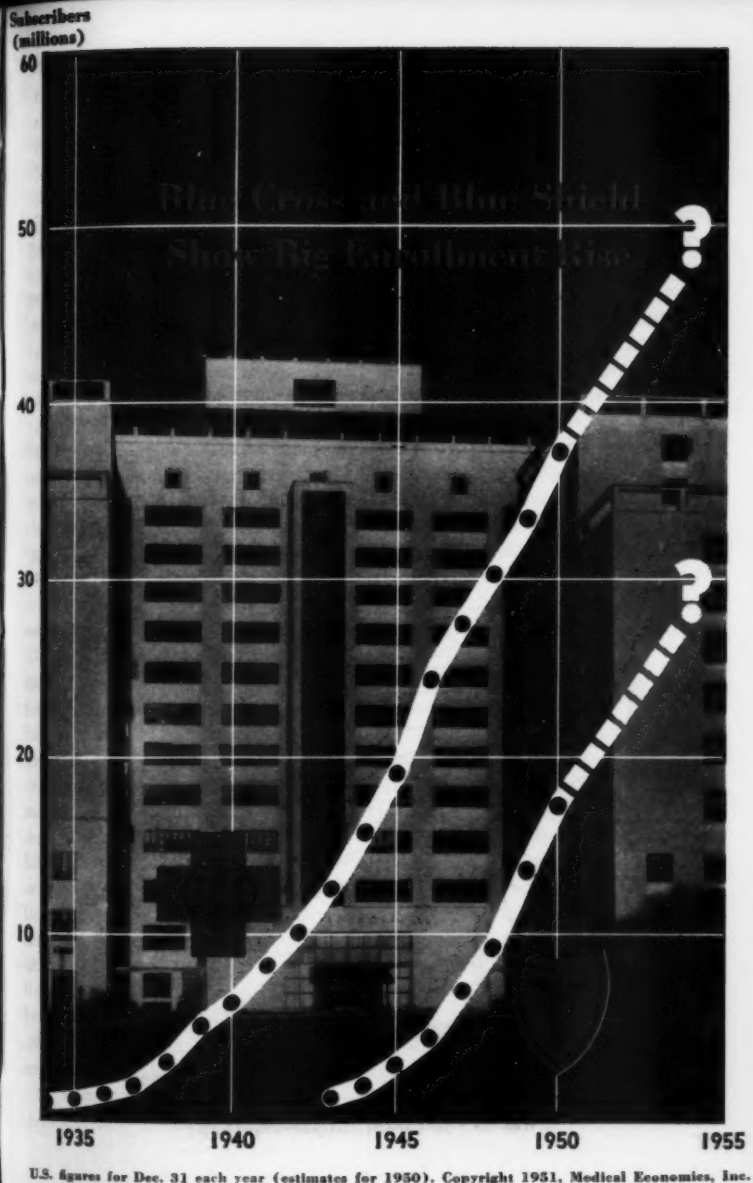
The new agency is the long-awaited, much-debated outfit that will enable Blue Shield to sell medical-surgical coverage to companies with employes scattered through a number of states. The hitch to date has been that a company (or union) of this sort usually wants a single contract covering all employes on a uniform benefit and premium basis. But Blue Shield benefits and premium rates vary from one local-plan area to another. Result: Some of the big health-insurance buyers have been ducking Blue Shield, handing their business to the commercial underwriters.

National Blue Shield Service is designed to remedy this by giving the customer the kind of contract he wants. Each local plan participating in such a contract may, if it wishes, underwrite the full benefits of the contract at its own premium rate. If the local plan isn't prepared to offer all the benefits, it will offer part. The remaining benefits will then be underwritten in that plan area by NBSS. It will then strike an approximate average of local-plan rates, subject to state rate regulations, to quote a uniform rate to the customer.

Suppose, for example, that an auto parts manufacturer with 30,000 workers employed at factories in Buffalo, Columbus, and Detroit wanted coverage for (1) general surgery at hospital, home, or office; (2) anesthesia and diagnostic X-ray; plus (3) certain medical care in hospitalized non-surgical cases.

The participating Blue Shield plans would be the Western New York Medical Plan, Ohio Medical Indemnity, and Michigan Medical Service. Each would have to decide whether it wanted to underwrite all or only some of the benefits called for. The Ohio plan, for example, ordinarily writes no insurance for anesthesia or radiography.

Whatever the decisions reached,



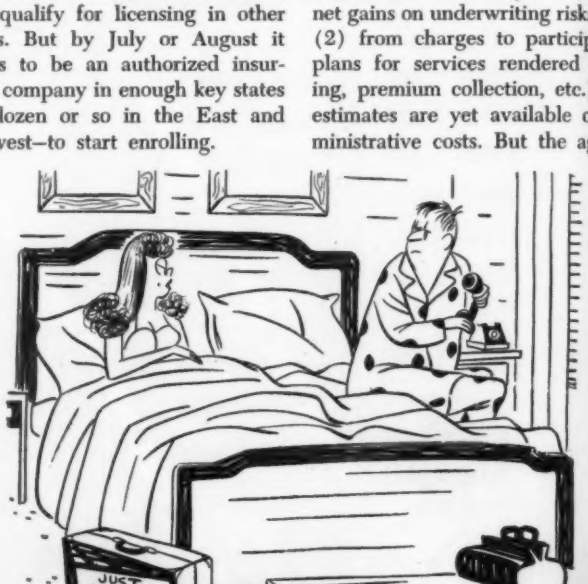
U.S. figures for Dec. 31 each year (estimates for 1950). Copyright 1951, Medical Economics, Inc.

National Blue Shield Service would stand ready to step into the breach wherever a local plan wasn't prepared to go the whole way. The auto parts company would then become a Blue Shield customer, paying direct to NBSS. The latter would pass on to the three local plans whatever premiums were due them for their share of the contract.

Before NBSS can go after such accounts, it must clean up some remaining organizational chores. It has yet to draw up policy forms, obtain an insurance license in Ohio, and qualify for licensing in other states. But by July or August it hopes to be an authorized insurance company in enough key states —a dozen or so in the East and Midwest—to start enrolling.

Meanwhile, it still has to negotiate a management agreement with its Blue Cross counterpart, Health Service, Inc. Though Blue Shield will retain strict policy control of NBSS, a common management will handle the day-to-day affairs of both national insurance agencies. This is expected to simplify things, since most big industrial corporations or unions like to buy their medical-surgical and hospitalization insurance in a single package.

How will NBSS operations be financed? In two ways: (1) from net gains on underwriting risks, and (2) from charges to participating plans for services rendered (billing, premium collection, etc.). No estimates are yet available of administrative costs. But the agency



"What do you mean, Hippocratic Oath?"

will be self-supporting. Local plans will not be subject to assessment.

The Blue Cross agency, with a year's head start on NBSS, wrote its first national contract last November. It covers hospitalization benefits for United Press employes in forty-four states. This took a bit of legal doing, since the agency is licensed in only a dozen or so. By summer it expects to hold licenses in twenty-five states. It's currently gunning for major contracts in the rubber and chemical industries.

Anxious to see Blue Shield in on some of these contracts, NBSS' temporary board of directors met for the first time last month, talked over ways of speeding final organizational steps. It made plans to authorize the election, probably this spring, of a permanent board. Ten members will be nominated by contributing plans, five by the Blue Shield Commission. At least eight of the fifteen must be M.D.'s.

Personnel make-up of the temporary board was recommended by the commission and approved by the plans. It includes the eleven Blue Shield district commissioners (all M.D.'s); Dr. Paul R. Hawley, director of the American College of Surgeons; and three lay executive directors of the largest contributing plans.

Of the country's ten biggest Blue Shield units, eight are NBSS contributors: Michigan Medical Service, United Medical Service (New York City), California Physicians' Service, Ohio Medical Indemnity, Medical Service Association of Pennsylvania, Mutual Medical Insurance (Indiana), Hospital Savings Association of North Carolina, and Group Medical and Surgical Service (Dallas). Conspicuously absent from the NBSS roster are Massachusetts Medical Service (barred as a contributor by state law) and Medical-Surgical plan of New Jersey.

All plans are eligible to participate in the enrollment activities of the national agency, whether or not they contributed. But some non-contributing plans want no part of NBSS. Medical leaders in Oregon, for example, are particularly opposed to the new agency. They consider it a grab for power by the Blue Shield Commission. The AMA House of Delegates, formerly hostile to the idea, turned neutral in 1949.

What's it all add up to for the voluntary health insurance movement? And for the individual M.D.?

Early results certainly won't be electrifying. In time, NBSS backers think, opposing views on the scheme will tend to converge and more plans will come into it. Chief significance of the new agency, its sponsors feel, is that it's another step toward giving the customer the kind of health insurance he wants.

In the long run, they hold, that can only spell further enrollment gains. Which, for the participating doctor would mean an increasing proportion of insured patients. END

Why I Was

Ousted

From the V.A.

The inside story of Dr. Paul Magnuson's fight to keep V.A. medicine out of bureaucratic hands

● On Saturday, January 13, I was called into the office of Veterans Administrator Carl R. Gray Jr. and asked to resign as chief medical director of the V.A.

When I refused, Mr. Gray told me that I was "insubordinate"—that I didn't "play on the team." He ended up: "I think the time has come when you ought to seek other employment."

In other words, I was fired.

On the surface, this may seem only a personal disagreement between two men. I want to dispel that idea. At stake is a question of national policy in which every physician, every veteran—yes, every citizen—has a vital interest.

The question is simply this: Shall veterans' hospitals be run by doctors or by bureaucrats?

All of us remember the deplorable state that V.A. medicine was in prior to World War II. Perhaps the main reason it had sunk so low was that all authority had been vested in laymen.

When General Omar Bradley took over as Veterans Administrator in 1945, his first move was to delegate

full responsibility for the V.A. medical and hospital program to his chief medical director, Dr. Paul R. Hawley. The doctors ran the show—and, within an incredibly short time, veterans' medicine was transformed into something we all could be proud of. V.A. physicians were soon treating 85 per cent more patients per year, with only 44 per cent more beds. Along the way, they cleaned up a scandal that had been the subject of a Congressional investigation.

Today, as I see it, we are drifting back into the old channels. If the drift continues, the V.A. medical department will go to pieces.

I bucked the trend for three years, but the bureaucrats had me outnumbered. So I got myself fired. It

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**Dr. Paul B. Magnuson (above), a distinguished orthopedic surgeon and secretary of the American College of Surgeons, headed the Veterans Administration medical department from January 1948 to January 1951. This is his story, as told to a staff writer for this magazine.*

seemed the only way to bring the situation out into the open.

What, exactly, *is* the situation? When did it develop? Why is it of critical importance? How can it be corrected?

By way of getting at the answers, consider an incident in early 1948—the year Mr. Gray became Veterans Administrator and I became chief medical director.

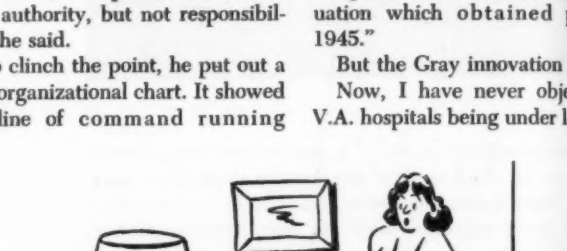
Just a few months after taking office, Mr. Gray announced his intention of assuming direct control over all V.A. hospitals. "I can delegate authority, but not responsibility," he said.

To clinch the point, he put out a new organizational chart. It showed the line of command running straight from the Veterans Administrator to the V.A. hospital managers. The chief medical director, who should be in-between, was off to one side in a purely advisory capacity.

I was not the only one disturbed by this change. Dr. Paul Hawley, for example, wrote: "Any reorganization of the V.A. which removes the chief medical director from the direct channel of control between the patient and the Veterans Administrator will inevitably result in a rapid return to the scandalous situation which obtained prior to 1945."

But the Gray innovation stuck.

Now, I have never objected to V.A. hospitals being under lay man-



"The doctor suggests settling our bill for 10 per cent of whatever medical deduction you claimed for 1950."

agership—as long as the lay managers are good men and know their stuff. But when these lay managers report directly to the lay executives who run the V.A.; when orders and reports flow between the two groups without going through the V.A. medical department; when the chief medical director is completely bypassed—well, that's when medical standards in V.A. hospitals can be hit hard.

The Hines regime had already proved the point. Before long, the Gray regime began to prove it once again.

Some months back, for example, the Veterans Administrator visited two of our TB hospitals in California—Livermore and San Fernando. While touring each hospital, he came across the animal room—where small animals used in conjunction with laboratory work are kept. In each case the room was clean and well ventilated. But the administrator, not fully understanding the need for such rooms, peremptorily ordered them not to be used.

The first I heard of this was when the hospital managers wrote me personal letters, asking what they should do. I took the matter up with Mr. Gray and explained why the rooms were an essential adjunct to patient care. His order was finally rescinded. But it shows what can happen when the medical viewpoint on hospital management is totally ignored.

This sort of administration is lowering medical morale at a time when it needs to be highest. Today the V.A. has 300 fewer full-time physicians than it had a year ago. Yet in that period nineteen new V.A. hospitals have been opened. Two more are scheduled to open in West Virginia—but we can't find the doctors to staff them.

Greater Lay Control

Meanwhile, the bureaucrats' grip seems to be tightening. Although doctors were smart enough to set up the present V.A. medical program, Mr. Gray appears to think they aren't smart enough to keep running it. Witness two successive changes in the way V.A. hospital managers are picked:

Until about a year ago, the chief medical director nominated the men to fill these posts; the Veterans Administrator then made the appointments. The first change came when Mr. Gray turned the nominating job over to a committee. Though I was made a member of that committee, I protested this dilution of medical authority.

Nevertheless, our committee went about its task of interviewing candidates and selecting hospital managers. Suddenly, before we were finished, the second change came: Our committee was discontinued and a second one appointed in its place.

The new committee included one man who had never had anything to do with V.A. hospitals. It also included my deputy, Dr.

Arden Freer—but did not include me. What's more, it was specifically noted that no substitutions would be allowed at committee meetings. In other words, the chief medical director couldn't even sit in as a replacement.

Revamping Needed

How can the present trend in veterans' medicine be reversed? In my opinion, only by an administrative shake-up—one that will not only correct the present situation, but also protect the program against any future raids by unqualified laymen. I believe the V.A. medical department should be reorganized as a bureau-type operation—like the Navy's.

In the Navy, the Chief of the Bureau of Medicine and Surgery (the Surgeon General) exercises full control over all medical activities, including hospitals. In the V.A., medicine enjoys no such semi-autonomy. It didn't matter much in the Bradley-Hawley days—but it matters now.

Dr. Joel Boone, my successor as chief medical director, is a man of integrity and the highest professional qualifications. He has the respect of a very large group of people in Washington, as well as in the rest of the country. I believe he will make a top leader for the medical department of the V.A.

But he can't reorganize it. That's a job for Congress—and Congress won't act unless doctors all over the country convince it that the high quality of V.A. medicine is in real danger.

In weighing the matter, both doctors and legislators might well ponder a recent sum-up from the Special Medical Advisory Group to the Veterans Administration. This group (of which Dr. C. W. Mayo is chairman) was established by the Seventy-ninth Congress to advise the Veterans Administrator on policy. Here's its report:

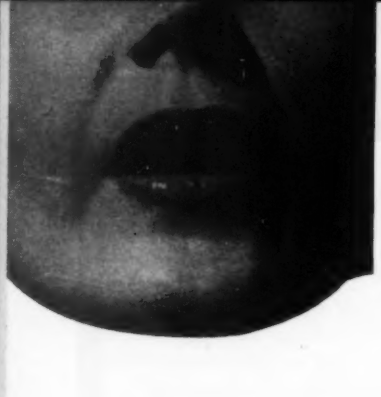
"The American people have every right to be proud of the care that has been and is being given to the nearly 20 million veterans of the various wars. This is particularly true of the high type of medical service that has been maintained since the conclusion of World War II . . . Quality of medical care was improved even though the veteran load increased from less than 5 million to nearly 20 million. This remarkable achievement in mass medical care has never been duplicated here or in any other country.

"As long as [V.A. medicine] remains under proper and authoritative medical control, this type of superior medical care will always prevail. If the time should come, however, when such control is passed to lay, bureaucratic, or political hands, that will be the beginning of deterioration . . ."

I say control *is* passing into bureaucratic hands. It will take an aroused medical profession to preserve top-quality veterans' care.

—PAUL B. MAGNUSON, M.D.,
AS TOLD TO R. CRAGIN LEWIS


PRIVATE M.D.S
FEDERAL CONTROL
VOLUNTARY
DONATIONS
$
MEDICAL SCHOOLS
DEFICIT
ACADEMIC FREEDOM



Play It Safe With

Confidential Communications

● At the bigamy trial of the Duchess of Kingston in 1776, her surgeon—a man named Hawkins—was summoned to testify. He objected that his professional honor was at stake. "I do not know how far anything that has come before me in a confidential trust should be disclosed," he said.

"To be sure," replied Lord Chief Justice Mansfield, "if a surgeon were voluntarily to reveal these secrets, he could be guilty of a breach of honor and of great indiscretion. But to give that information in a court of justice, which by the law of the land he is bound to, will never be imputed to him as any indiscretion whatever."

Old Dr. Hawkins has been dead for more than a century and a half, but my family physician is still asking the same question. Except that *my* doctor asks it on the telephone.

"Hello. I've got only a minute due in court. Forgotten most of the fine points about confidential communications. Just tell me: Is it all right to testify? If so, how much can I reveal in fairness to my patient and without getting into trouble?"

**Bernard R. Lauren, the author, is a New York trial attorney and a member of the Medical Jurisprudence Committee of the New York City Bar Association.*

I give him practically the same answer that Mansfield gave Hawkins: "When you get on the witness stand, let the judge worry about the law of confidential communications. You've got to answer every question that the judge permits the lawyers to ask."

"But the file on this patient is really personal," my physician objects. "You know, the kind of thing that might disgrace the family."

"Can't be helped," I say. "Since you're *forced* to testify, you won't be held responsible, legally or ethically, for any harm that may result to the patient from what you disclose."

In Hawkins' day, no privilege at all was accorded in the courtroom to the doctor's professional secrets. In some of our states, that is still the rule. But in most states, there are statutes to the effect that physicians shall not ordinarily disclose confidential communications.

Yet when you take the witness stand, you are completely in the hands of the judge—regardless of whether your state has such a statute. When the court directs an answer, the doctor *must* comply. Refusal to do so may be construed as contempt of court.

What if the testimony results in substantial injury to the patient? Suppose it's revealed, for example, that he has a loathsome disease. And suppose there's a reporter or a

Voluntary disclosure may be an invitation to a law suit by the patient

gossipy friend in the courtroom. The patient not only loses the law suit; he also loses his job and his wife. He has to move to a new neighborhood to start life over again. Add to that the coincidence that his new landlord's son has just been admitted to the bar, and you have all the ingredients of a law suit—this time against the doctor.

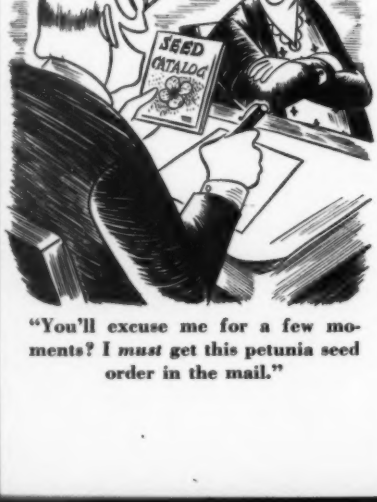
But what is the outcome?

"Suit dismissed," said the Kentucky Court of Appeals in a case of just this kind. Reason? The doctor was under compulsion. Since he couldn't refuse to answer in court, he shouldn't be held liable for the consequences of his disclosure.

Further reason? Well, if you gave the doctor the impossible choice between contempt of court if he *refused* to answer and a suit by his patient if he *did* answer, he'd likely suffer a defensive lapse of memory every time he was called to the witness stand.

How to

Let 'Em Wait



"You'll excuse me for a few moments? I *must* get this petunia seed order in the mail."

Display Your Torture Tools

"Now l-e-t m-e s-e-e . . ."

But what is your position if you make the same disclosure *voluntarily*, outside the courtroom? You get sympathy, but very little protection from the law. When you choose to decide for yourself what the law permits you voluntarily to disclose, you do so at your own peril. And if you make the wrong decision, you face the possibility of an irate patient's suit for invasion of privacy or wrongful disclosure of a confidential communication. He may even sue for libel or slander.

The safe rule, therefore, is: When you're under compulsion, all right. When it's voluntary, take care. When in doubt, don't.

Every doctor gets requests for information about patients from attorneys, insurance companies, employers, relatives, and others. Often they're unable to give you the patient's written authorization—your best protection outside the courtroom. [*Turn page*]

Repel Patients

Breathe in Their Faces

"Now then, Mrs. Wigglesworth, what can we do for you this morning?"

Do All the Talking

"'So there you are,' I told him. 'What with higher taxes and depreciation and prices going up all the time, it's simply impossible.' But he couldn't see it that way, so . . ."

Most of them are ready to insist that the law, in their case, permits you to make the disclosure. Perhaps it does, perhaps it doesn't. But you can't be expected to know what lawyers and judges themselves often disagree about. What's more, no lawyer can remove your legal hazard, if you choose to disclose. Lawsuits are costly whether you win or lose. Then, too, your form of malpractice insurance may not cover suits for libel, invasion of privacy, or wrongful disclosure.

All of which explains the rule adopted by many doctors and hospitals: "No disclosures will be made except (1) in response to the written authorization of the patient, or (2) in response to a subpoena, and then only in the courtroom." (The subpoena doesn't compel you to disclose; it merely requires your presence at the trial.)

Are there situations *outside* the courtroom where you *have* to give intimate information about a patient? Yes. State or Federal statutes may require you to report gunshot wounds, contagious diseases, vital statistics, unlawful attempts to procure narcotics. But when you're compelled to report, the law generally protects you against damage claims by the patient—if you report in good faith and tell no more than the law requires.

Insurance Examinations

Then, of course, there's the case where you are retained by an employer, insurance company, or attorney to examine someone. That person submits knowing that you will report to those who retained you. If you confine yourself to examination only and give no advice or treatment, he is not really your "patient." Therefore, what you report is not a violation of confidence.

Invasion of Privacy

When is the doctor most likely to encounter a law suit over privileged communications? Often when invasion of privacy is the issue. Court actions based on this charge are becoming more frequent. For example:

A Michigan doctor took along a male friend when he went to a patient's home for a delivery. The man came "to carry my instruments," the doctor explained; but he was allowed to watch part of the birth. The woman later sued the physician for damages. She collected several thousand dollars.

You wouldn't be likely to make a mistake like that, you say. Perhaps not. But you might write up an unusual case for a medical journal—and fail to disguise the patient's identity. Your patient has that right of privacy, too, and you may not invade it without his consent. In some states, as in New York, even his consent won't protect you completely unless it's in writing.

Not long ago, in New York, two doctors wrote an article about a plastic surgery case. The state medical journal published it with be-

fore-and-after photographs. The photos were such that the patient could be identified. He sued the two authors—successfully.

When reporters ask you for information, the rule applies with double force. Get written permission first. A Georgia case is pertinent. A child there had been born with its heart outside its body. An operation was performed and the child died. Somehow the local paper got wind of it. The hospital staff let a photographer take pictures of the body.

When the story and photos were printed, the parents sued for invasion of privacy—and won. It didn't matter that the facts as published were completely accurate.

Police Questions

What if the police come asking you questions about a patient? Should you answer them? Not if it's a confidential matter. Let me cite a case in my own experience:

A while ago I represented a woman who was suing the city over an accident that she claimed had caused her child to die at birth. The city contended that the child had died from other causes. During the trial, the city's attorney sprang a surprise: A staff investigator testified that the woman's physician had told him she'd had several prior abortions.

As it happens, the report wasn't true—nor did it figure in the outcome of the trial. But consider the spot that physician might have been on. By telling too much to a man he had assumed was a police officer, he'd laid himself wide open to a slander charge. Nor would the doctor's legal position have been any better if his caller had, in fact, been a policeman.

There's only one conclusion: Why invite a lawsuit by talking when you don't have to? Suits for invasion of privacy, wrongful disclosure, libel, or a negligently wrongful report all fall into one category for the doctor: "Nuisances to Be Avoided."

—BERNARD R. LAUREN, LL.M.

Cantankerously Yours

• For some years a doctor friend of mine has been submitting articles to medical journals, without much luck. Nearly all have been rejected. Late last fall, however, he crashed through with two acceptances by a national journal of top reputation. In a warm glow he sat down and wrote the editors a note of appreciation, including his best wishes for a Merry Christmas and a Happy New Year. In due course the letter was returned—with a rejection slip.

—PAULINE HALL

How Deferrals Are Being Decided

The advisory role played by one state's medical men indicates the national pattern

● If you're subject to a call to the colors, your eventual status will hinge largely on the decisions of local doctors. By April 1, almost every U.S. physician eligible for active duty (except members of organized reserve units or the National Guard) will have come under the scrutiny of local and state advisory committees* composed wholly of M.D.'s.

How do such committees operate? How do they decide whether your civilian role is vital enough to keep you out of uniform? How closely does the military follow their advice?

To get some hint of the answers, consider the experience of one state where, for many months, a medical-military advisory system has been going full swing. Though the organizational set-up may vary a bit from state to state, the overall pattern is pretty well set.

In New Jersey, civilian doctors have been guiding the armed services on M.D.-procurement since late last summer—months before any formal program got underway nationally. Here's how the New Jersey system works:

Each of the state's twenty-one counties has an advisory committee. The typical committee is made up of three doctors, two of whom are veterans of World War II. Members were elected by the county medical society and approved by the State Advisory Committee to Selective Service.

Route for Appeals

The state committee acts as coordinator and information-dispenser. It also handles appeals. If a problem can't be settled on either the county or state level, it is relayed to the national advisory committee (headed by Dr. Howard A. Rusk). Except in rare cases, however, county committees make their own decisions.

In one county, for example, the local draft board had classified an anesthesiologist as 1-A, on the advisory committee's recommendation. A local hospital objected, claiming that it couldn't do without the man. The hospital appealed to the chairman of the state committee, Dr. W. G. Herrman.

*Operating under Public Law 779.

Although Dr. Herrman thought the hospital had a strong case, he didn't want to interfere. Instead, he suggested that the county committee reopen the matter. This was done. Upshot: The anesthesiologist got a temporary deferment until the hospital could replace him.

Sometimes, of course, local pressures or politics are brought to bear. In such cases, the state committee steps in to make sure the decision is fair. It realizes that it's not always easy for members of a county committee to be unbiased.

Suppose, for instance, a hospital says one of its medical staff is essential. If an advisory committee member is also on that hospital's staff, he may not feel in a position to disagree.

Do the armed services string along with recommendations of the advisory committees? Says Dr. Herrman: "They have played ball with us beautifully. They can't *always* follow our advice, but they do agree with us better than 80 per cent of the time. Here's one example of the cooperation we enjoy:

"I received a call recently from the president of a small college. He told me that two doctors who taught courses in medical technology and X-ray technique were about to get their orders. He hadn't been able to get replacements. That meant the courses would have to be dropped midway through the term and the students would lose out. So I called up First Army Headquarters and recommended that the two men be deferred until the end of their courses. The Army agreed."

What yardsticks are used to determine whether a particular doctor will be deferred? In some cases, it's simple. An interne, for example, is allowed to complete his year of training even if he applies for a reserve commission. The same goes for a resident in his last year. A resident in his first or second year is deferred only if his hospital can prove that he's essential.

'We're All Essential'

Shortly after the state advisory committee was formed, it asked each New Jersey hospital for a list of the minimum medical staff it needed. Some institutions replied that every man on their staff was essential. "If that's so," says Dr. Herrman, "something is wrong with those hospitals. They haven't appointed enough local physicians to their staffs. Small rural hospitals, of course, may be an exception."

Usually a hospital's department heads and full attending staff members get deferments. But few M.D.'s subject to early military call hold such posts. Nor are there many who rate deferments on the basis of essential jobs in Government, teaching, industry, or research.

Most of those called are young men just starting out in practice. A handful of them *may* be necessary to their communities. But each case has to be weighed on its own merits. For example: [*Turn page*]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A few months ago, a woman wrote to the state advisory committee asking deferment for her doctor. Physicians were in short supply in her town, she claimed. The committee looked into the situation.

No Shortage . . .

The town had gotten along with seven physicians before the doctor in question had set up practice there a year earlier. The population (11,000) had stayed about the same during the last decade, would probably remain fairly constant in the future. Even with the loss of one M.D., the committee reasoned, the physician-population ratio would be about 1:1,500. So there was no reason why the man shouldn't be in uniform. The county committee (which had previously tagged him 1-A) agreed.

Not that a ratio of 1:1,500 is any more than a rough rule of thumb. Many other variables enter the picture.

Consider two cases:

A town of 912 people in Southern New Jersey had two G.P.'s. The younger one was slated for early call. He looked like a cinch for the 1-A classification until the other physician had a coronary attack. That meant the older man couldn't be counted on to take care of the community after all (there were no other physicians within quick driving distance). Deferment was granted.

No Deferment

A hospital asked that a young doctor be deferred because he was the only man in the community qualified to do obstetrical surgery. The county advisory committee

Time for Reflection

• The patient, a young student in a watch repair school, had suffered head lacerations in an auto accident. In view of his circumstances, I fixed the fee for his several treatments at a nominal $5. On his second visit he cheerfully announced that his insurance company was paying the bill. But, apparently feeling some further obligation, he asked if I had any watches that needed repairing. I gave him an old one that hadn't run for years.

On his last visit he presented me proudly with the watch—and a bill for $5. Flabbergasted, I endorsed over the insurance check and watched him depart, $5 richer and a well man. I glanced down at the watch in my hand, it had stopped again. It hasn't run since.

—CLIFFORD A. BARBER, M.D.

knew there was a beyond draft-age physician in a near-by town who could pinch-hit when necessary. The first doctor's deferment was not granted.

The local draft board generally contacts the county advisory committee for advice on physicians registered under Selective Service. For information about medical reservists, the armed services contact the state committee—which in turn checks with the county committee if there's any question about a man's essentiality. Questions of personal hardship and physical fitness, of course, are not handled by the physician-advisory committees.

Data on Doctors

The state committee has on tap dossiers of most New Jersey doctors. Last fall, before the committee was appointed, the New Jersey medical society sent out questionnaires*—7,339 of them—to all physicians in the state (only 906 failed to reply). After the advisory system had gotten underway, copies of the completed questionnaires were dispatched to the appropriate county committees.

Even questionnaires received from doctors *not* eligible for military duty come in handy. They're a factor in deciding on the availability of younger men. And they're a ready source of information on which physicians are available for roles in the state's civil defense program. Thus military and civil defense needs can be neatly dovetailed.

Call for Veterans

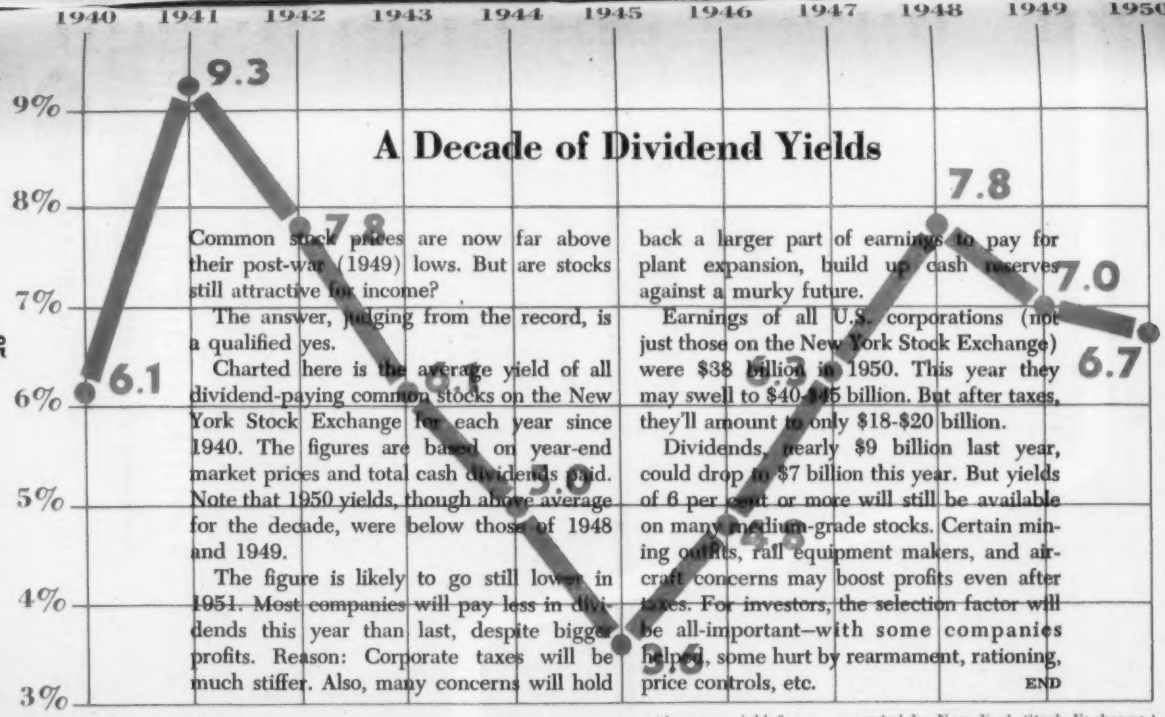
Things have gone fairly smoothly in New Jersey so far. But headaches lie ahead. In six months or so, priorities 1 and 2 (physicians trained at Government expense or deferred to complete their education during the last war) will probably be exhausted. That will leave two groups: priority 3 (doctors who did not serve during the last war) and priority 4 (veterans).

Although all available physicians in priority 3 will get the nod before those in priority 4 are touched, problems are bound to arise. Suppose, for example, that a hospital's head of orthopedic surgery is a non-veteran; suppose his assistant is a veteran. If the non-veteran is deferred as essential, his assistant may eventually have to serve a second hitch. Yet if the non-veteran is taken, the greener man is left to handle work that is perhaps beyond his scope.

Whatever they decide in such cases, advisory committees will hear plenty of squawks. But at least—as Dr. Herrman points out—such decisions are being made so far as possible at the grass roots in a democratic manner. "The more responsibility you throw back to the local level," he adds, "the happier everybody will be." END

*Asking for such information as method of practice (individual, group, hospital); type of work (general practice, special practice, teaching); hospital appointments; service record; and present military status.

A Decade of Dividend Yields



Common stock prices are now far above their post-war (1949) lows. But are stocks still attractive for income?

The answer, judging from the record, is a qualified yes.

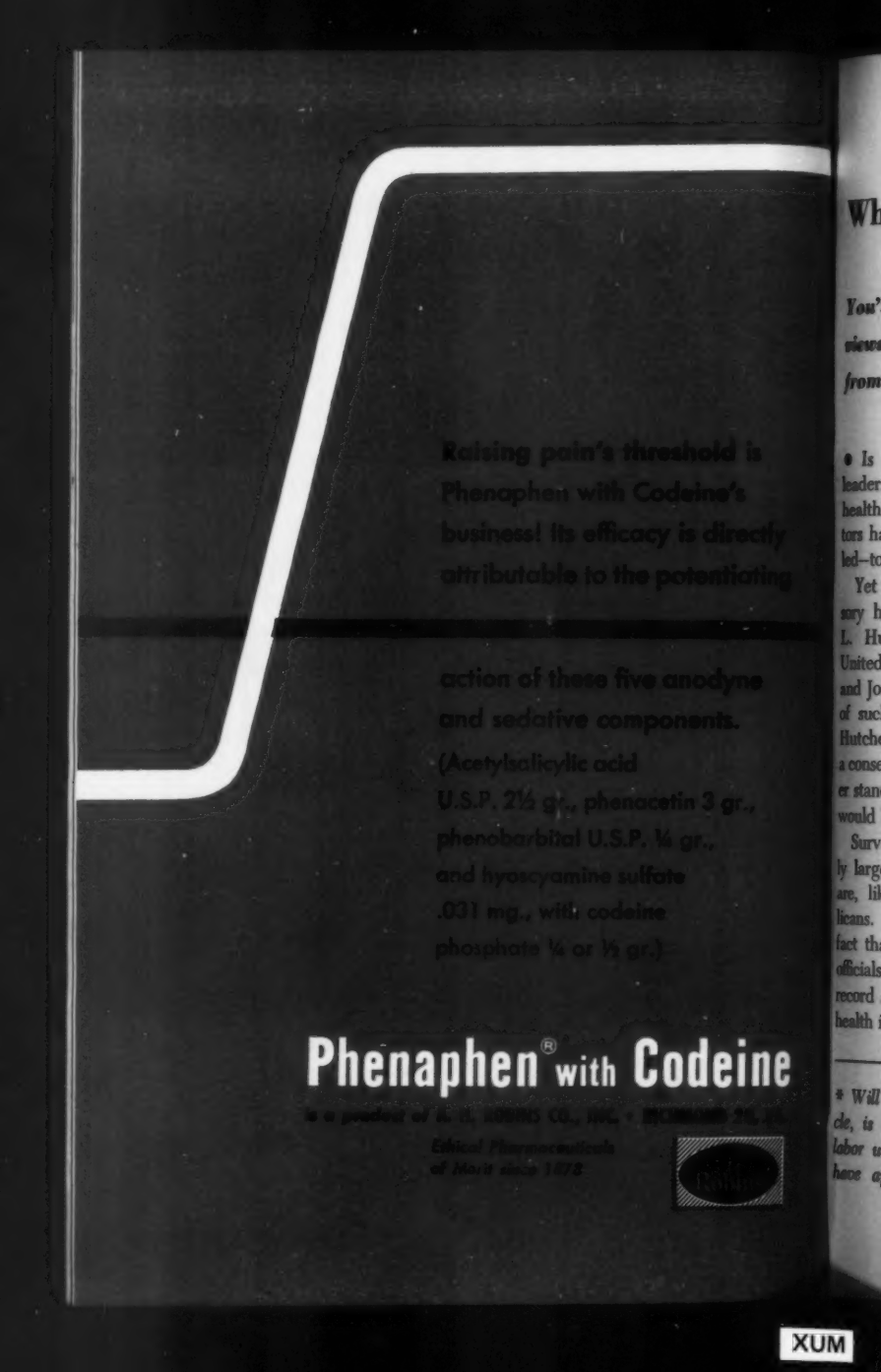
Charted here is the average yield of all dividend-paying common stocks on the New York Stock Exchange for each year since 1940. The figures are based on year-end market prices and total cash dividends paid. Note that 1950 yields, though above average for the decade, were below those of 1948 and 1949.

The figure is likely to go still lower in 1951. Most companies will pay less in dividends this year than last, despite bigger profits. Reason: Corporate taxes will be much stiffer. Also, many concerns will hold back a larger part of earnings to pay for plant expansion, build up cash reserves against a murky future.

Earnings of all U.S. corporations (not just those on the New York Stock Exchange) were $38 billion in 1950. This year they may swell to $40-$45 billion. But after taxes, they'll amount to only $18-$20 billion.

Dividends, nearly $9 billion last year, could drop to $7 billion this year. But yields of 6 per cent or more will still be available on many medium-grade stocks. Certain mining outfits, rail equipment makers, and aircraft concerns may boost profits even after taxes. For investors, the selection factor will be all-important—with some companies helped, some hurt by rearmament, rationing, price controls, etc. END

(Average yield figures computed by New York Stock Exchange.)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What Labor Thinks About Medicine

You'll find some eye-opening views in this frank report from a noted labor writer

• Is there a trend among union leaders to oppose compulsory health insurance? That's what doctors have been led—or rather, misled—to believe.

Yet to cite the attack on compulsory health insurance by William L. Hutcheson, president of the United Brotherhood of Carpenters and Joiners, as "dramatic" evidence of such a trend is nonsense. Mr. Hutcheson has long been known as a conservative Republican; any other stand by him on the health issue would have been incongruous.

Surveys have shown that a fairly large number of union officials are, like Mr. Hutcheson, Republicans. Doctors make much of the fact that a couple of dozen union officials have placed themselves on record as being against compulsory health insurance. Actually, it would not take much energy to round up several hundred.

But even this wouldn't prove a trend. It would merely call attention to a situation of long standing.

Nor should physicians assume that union leaders who criticize compulsory health insurance necessarily speak for their members.

Consider, for example, this recent report: "Thomas Murray, president of the New York State Federation of Labor, broke the news that his half-million members had soured on the Ewing plan."

200,000 Ewingites

Now, it happens that Thomas Murray's "half-million members" include around 200,000 members of the International Ladies Garment Workers Union, which is still very much in favor of compulsory health insurance, and a substantial number of members of other unions that share the ILGWU viewpoint.

Union leaders, as a rule, reflect the sentiment of their members on strictly union issues. But this is not

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* *Will Chasan, author of this article, is an independent analyst of labor union activities. His articles have appeared frequently in national magazines. The opinions expressed here are published as a sequel to "Doctors Winning Union Support," January M.E.*

necessarily the case on other matters.

It is essential to understand that a person joins a union for certain limited purposes. It's his way of getting job security, higher wages, and related benefits. In joining a union, he doesn't automatically subscribe to the political or social views favored by the organization or by its president. The 1950 elections in Ohio, New York, and elsewhere clearly demonstrated this point.

On the issue of health insurance, I don't know how the great mass of union-members—16 million, I believe—feel. But I do know that many of the statements favoring compulsory health insurance, made ostensibly in the name of the "millions of organized labor," are neither read nor heard by these millions.

I would guess that at the moment a majority of union members favor compulsory health insurance, if only in a vague sort of way and without really understanding what is involved. The prospect of having someone else pick up one's check is inevitably attractive.

But the amount of *active* support union members give to compulsory health insurance depends, I would say, on how keenly they feel the need of assistance in meeting their own medical bills. If voluntary health insurance coverage expands fast enough, I think it quite likely that the average unionist will not care greatly about the fortunes of compulsory health insurance.

Neither union nor AMA propaganda will affect his attitude appreciably. The observable facts, as they touch him and his family, will be the important considerations. In other words, if doctors don't want union members to constitute a massive lobby for compulsion, they had better hurry up in providing a more effective substitute.

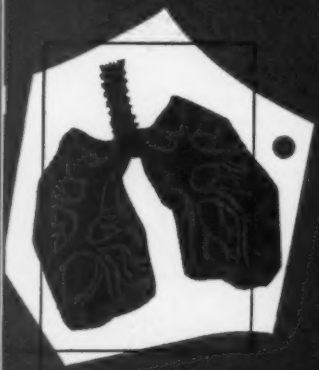
Physicians can rest assured that union leaders aren't, in many instances, as zealously dedicated to Government health insurance as one might conclude from their official pronouncements, or from certain releases put out by the AMA. The statement implying that most unions have engaged in a "ruthless campaign of hate which has been conducted against the medical profession" simply doesn't square with the facts.

Though it may be difficult for some doctors to believe, the attitude of union leaders toward the medical profession is nothing to justify the use of such lurid prose. Compulsory health insurance is distinctly one

SPECIFICALLY

IN RHEUMATOID ARTHRITIS

IN RHEUMATIC FEVER



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PHYSIOLOGIC THERAPEUTICS THROUGH BIORESEARCH

of their subordinate concerns. The whole issue received very little attention at the last convention of the American Federation of Labor, which I attended. And I notice that in the issue of the CIO News devoted to the last convention of that organization, only a two-paragraph story calls attention to the issue.

This doesn't indicate to me that organized labor is imbued with any passion to change our system of medical care.

The average union leader, who is a surprisingly sober citizen, recognizes that more government generally results in less freedom. On the whole, labor men aren't anxious to have government do, through compulsion, what individuals and groups can do voluntarily.

It may be of some interest to relate a conversation I had early this year with the president of one of our largest and most influential unions. He expressed the conviction that the future of our free society depended on the *voluntary* assumption of social obligations by the major elements within society. Compulsory action, he said, was an unsatisfactory substitute. He thought the British Labor Party, in making a fetish of socialization, had blundered badly.

I asked him how he reconciled this attitude with his support of compulsory health insurance. His reply was, "Well, damn it, how long does the AMA expect the people to wait for it?"

The answer to that question is the answer to all the questions about a more fruitful relationship between organized labor and organized medicine. Only the AMA can supply it. Medicine, if it wants such a relationship, will have to convince union leaders that it is *doing* something about improving medical care for the income groups to which union members belong.

Medical leaders might very well say to labor leaders, for example, "Yes, it's true that we haven't been as alert to changing needs as we might have been. In this respect we are very much like certain labor leaders. But, like labor leaders, we learn.

"We're now doing our best to solve the problems of medical care. Here is what we have already accomplished. Here is what we're planning. Will you help us?"

It's my belief that sooner or later the answer would be yes—not only from conservatives like William Hutcheson, but from liberals like David Dubinsky and Walter Reuther.

The solution to the problem of medicine's relations with labor is not extravagant propaganda, but a willingness to talk sense quietly, to do things, and to compromise on non-essentials.

I think it was Cardinal Newman who said that compromise was the first law of life. How long will it take the AMA to get its heels out of the ground and walk forward to meet its potential labor allies?

—WILL CHASAN

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prompt response
in acute laryngotracheal bronchitis

CASE	DIAGNOSIS	INFECTING ORGANISM	DAYS TREATED	TOTAL DOSE GM.	ADMINISTRATION	
16	Acute laryngo-tracheal bronchitis	Hemophilus influenzae	3	12	oral	

Case report taken from Herrell, W. E.; Heilman, F.
Wellman, W. E.: Ann. New York Acad. Sc. 53:448 (Sept. 1

CRYSTALLINE

Terra

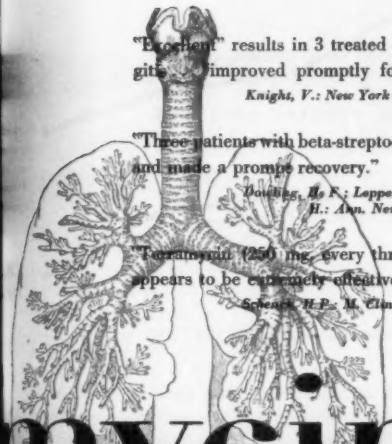
prompt response
in acute follicular tonsillitis

CASE	DIAGNOSIS	CULTURE		DAILY DOSE GM.	NUMBER OF DAYS TREATED	
		SOURCE	ORGANISM			
29	Acute follicular tonsillitis	throat	Strepto-coccus pyogenes	4	3	

Case report taken from Herrell, W. E.; Heilman, F. R.; Wellman, W. E., and Bartholomew, L. A.: Proc. Staff Meet., Mayo Clin. 25:183 (Apr. 12) 1950.

Antibiotic Division

"excellent" response
"prompt" response
"...extremely effective" *in acute pharyngitis*



"Excellent" results in 3 treated cases of streptococcic pharyngitis ... improved promptly following terramycin therapy."
Knight, V.: New York State J. Med. 50:2173 (Sept. 15) 1950.

"Three patients with beta-streptococcic pharyngitis were treated and made a prompt recovery."
Dowling, H. F.; Lepper, M. H.; Caldwell, E. R., and Spies, H.: Ann. New York Acad. Sc. 53:433 (Sept.) 1950.

"Terramycin (250 mg. every three hours) when given orally appears to be extremely effective."
Schenck, H. P., M. Clin. North America 34:1621 (Nov.) 1950.

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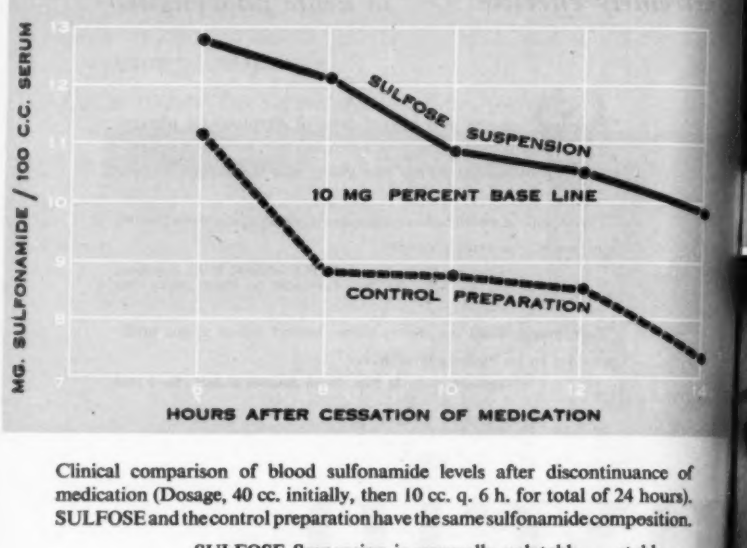

Clinical comparison of blood sulfonamide levels after discontinuance of medication (Dosage, 40 cc. initially, then 10 cc. q. 6 h. for total of 24 hours). SULFOSE and the control preparation have the same sulfonamide composition.

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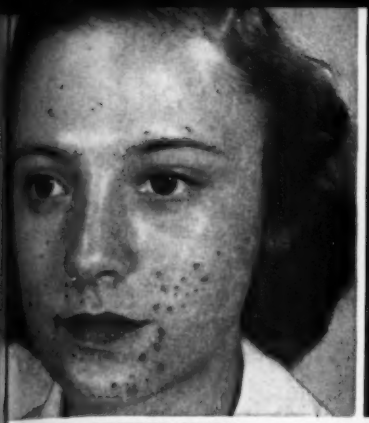
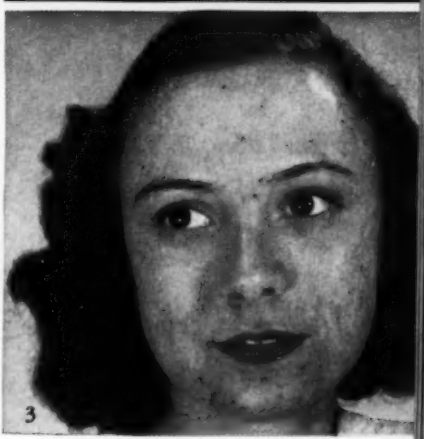


See how ACNE clears up with ACNOMEL



3

1. ***Before Acnomel.*** Patient E.E., age 16, with acne of 6 months duration. No benefit from past treatments.

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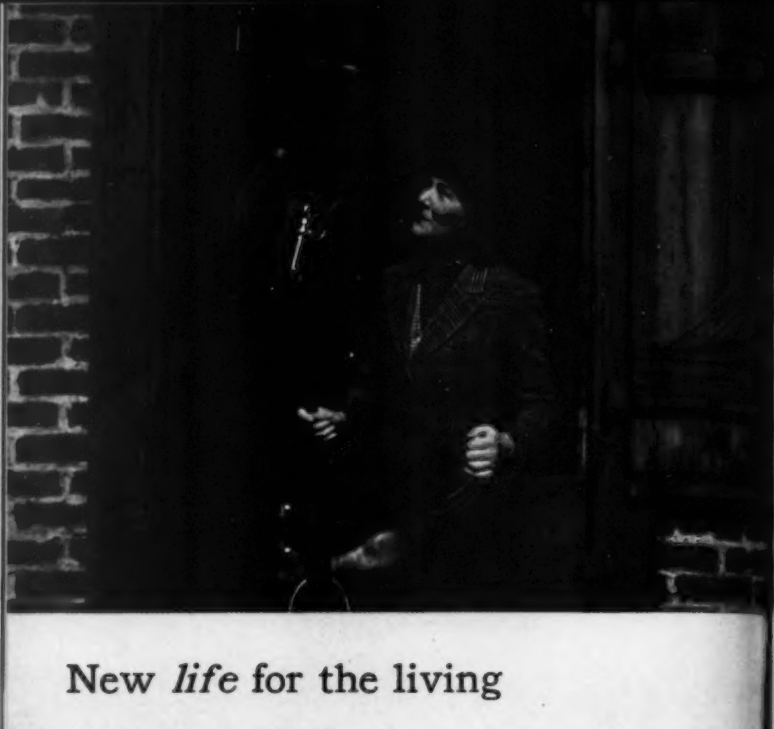

New *life* for the living

When the patient resigns herself to mere existence during the middle period of life, depression can so easily get the upper hand. The seemingly endless, daily routine of living is approached with apathy, inertia and lack of interest; and the patient's own outlook on life drags her down the path to eventual break-up—physical as well as mental.

For such a patient 'Dexedrine' Sulfate is of unequalled value. Its uniquely "smooth" antidepressant effect restores mental alertness and optimism, induces a feeling of energy and well-being. By helping to revive the patient's interest in daily affairs, 'Dexedrine' has the happy effect of bringing back *life* for the living.
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tablets • elixir **the antidepressant of choice**

*T.M. Reg. U.S. Pat. Off.

Before-and-After Photos Pay Off

New-type camera helps to pin down puzzling cases, clear up patients' doubts

• "That camera you talked me into getting sure saves wear and tear on the temper," a G.P. said to me. "Take one of my cases: a youngster who's had a rough time with acne. I was getting results with ultra-violet treatments—but not quick enough to suit the child's mother.

"Yesterday she said she was stopping the treatments. She claimed they were a waste of time and money. Instead of arguing with her, I showed her a series of photos of the boy's face—photos I'd snapped on previous visits. Even she could see the condition was improving. I got the go-ahead signal again."

My colleague didn't have to sell *me* on medical photography. I've found it a valuable adjunct in my obstetrics-gynecology practice for two years.

But maybe *you* think picture-taking would be more trouble than it's worth.

It needn't be. With the newer types of specially-designed cameras, no technical know-how is necessary. My own camera, a Coreco Automatic Color, solves focusing and lighting problems at the touch of a push-button. If I'm busy or out of the office, my nurse can take pictures for me, without any trouble.

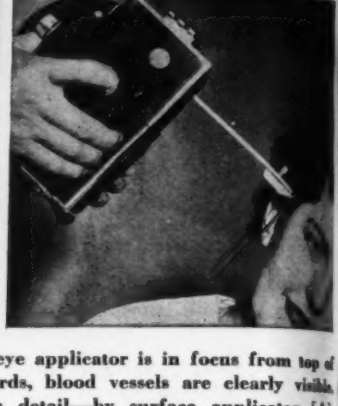
This particular camera takes color transparencies of body surfaces and cavities. Why transparencies? Because they have it all over prints in color fidelity and detail.

And when they're fed into my slide projector, I get a king-size enlargement that a roomful of onlookers can study. For quicker, individual showings, I rely on a Kodaslide table viewer.

Always in Focus

Focusing is controlled by an "applicator"—basically, a rod and frame that attaches to the camera in front of the lens. The rod determines the focus; the frame outlines the area to be photographed. I use special applicators for different parts of the body. Most cavity shots, for example, are taken with a cylindrical applicator through a tube or speculum.

How about lighting? It's taken care of by a built-in, 1,500-watt bulb synchronized with the shutter mechanism. Thanks to this bulb,



Close-up [▲] snapped with single-eye applicator is in focus from top of outer eye lens to eye corners. Cords, blood vessels are clearly visible. Larger area is covered—with less detail—by surface applicator [▲].

pictures of body cavities turn out as clear as surface shots.

Viewfinding is done with a periscope arrangement. It lets me see the photographic field from the exact angle of the camera lens, thus preventing parallax. In preparing for cavity shots, I supplement the periscope with an illuminated speculum. A split second before the picture is snapped, the periscope snaps automatically out of the way of the lens.

No Attachments Needed

The camera is easy to carry around on house calls or at the hospital, since it weighs less than eight pounds. There's no tripod or flash-bulb case to bother with, either. The only outside prop needed is an electrical outlet, either AC or DC.

All these special features make the Coreco fairly expensive. Mine cost about $750. That's about twice the price of a Speed Graphic, three times the price of a small Leica. Since I've made the initial outlay, however, upkeep hasn't amounted to much. Commercially developed slides cost about 20 cents each.

How It's Used

How does the camera earn its keep? I've listed six major uses below. The examples come from my experience and from that of my colleagues, several of whom now use cameras of the same type.

1. *Illustrates patient's own need for treatment.* A color transparency often adds new meaning to discussion of the patient's ailment. Recently a general surgeon I know came across a patient with several potentially cancerous warts. He showed her photo enlargements of

the dubious cells, explained why they were dangerous. She was quickly convinced of the need for immediate treatment.

2. *Shows patient how treatment cured others with similar ailments.* I've found the camera especially helpful when a patient balks at an operation I believe necessary. Not long ago, I had a patient with a benign polyp of the cervix. Surgery was indicated. But the woman wouldn't believe it would help her —until I showed her before-and-after shots of a similar lesion.

3. *Shows patient his progress under treatment.* Here's the schedule a proctologist colleague of mine follows after major operative procedures: He takes six pictures the first year, four the second year, and (if necessary) two the year after that. He does this mainly for his own records; but it also assures the patient that he's making visible progress.

4. *Illustrates case history when referring patients.* A few months ago, I was stumped by a tropical disease that had affected the patient's leg. One day a lesion would be visible; the next day it would disappear. I managed to take three photographs of the lesion over a two-week period. Then I sent the patient to Johns Hopkins. The pictures she took along helped speed the final diagnosis.

5. *Furnishes evidence that protects against malpractice suits.* A dermatologist I know was sued by a woman patient. Her claim: the dry-ice treatments he had given her had caused scars that displeased her husband. Fortunately, my colleague had noticed the scars *before* he'd started treating her. What's more, they showed up in a routine pre-treatment photo. When this was presented in court, the woman's case collapsed.

6. *Facilitates comparisons and research when patients aren't available.* I now have a library of about 2,000 slides. They cover almost every phase of gynecology; cancer of all parts of the genital tract; syphilis and other venereal lesions; skin conditions; and congenital anomalies. Most illustrate cases I've handled or have photographed for colleagues; additional slides have been copied from medical papers or texts.

Other Uses

Other medical uses of the camera? Surgeons use it regularly, since each level of the operative incision shows up sharply. For autopsy work, too, it comes in handy. And some day I hope to use my slides for teaching or lecturing.

But here's one problem I did *not* try to solve: A prospective bridegroom came to me a few months ago. He wasn't altogether certain, he confessed, that his fiancee was a virgin. Would I take a picture "just to be sure"?

With a nearly straight face, I managed to assure him that this was one case where the camera might lie. —HOWARD TAYLOR, M.D.

A Proved Therapeutic Resource for the Control of Nausea and Vomiting of Gastrointestinal Origin

EMETROL®

PHOSPHORATED CARBOHYDRATE SOLUTION

EMETROL (Phosphorated Carbohydrate Solution) quickly inhibits the smooth-muscle contractions of the small intestine and the pars pylorica, involved in the vomiting mechanism.[1] A concomitant lowering of blood-sugar levels is believed to indicate that EMETROL helps restore the deranged carbohydrate metabolism often observed in emesis.

Clinical experience[2] in 243 cases of nausea and vomiting, including 172 cases of epidemic vomiting, 43 cases of regurgitation in infants, 17 cases of toxic vomiting, and 11 cases of motion sickness, has demonstrated the impressive efficacy of this novel therapeutic approach.

EMETROL presents balanced amounts of levulose and dextrose in coacting association with orthophosphoric acid, stabilized at a physiologically adjusted hydrogen-ion concentration. It appears to provide the proper chemical environment for reducing hypermotility of the gut and promoting zymogen activation.

FEATURES:

- Physiologic—not pharmacologic—action
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- Nontoxic—no distressing side-effects
- Works quickly—often with a single dose
- Very agreeable taste
- Simple regimen

supplied: Bottles of 3 fl.oz. and 16 fl.oz.

1. Bradley, J. E.: Address before the Clinical Session, A.M.A., Washington, Dec. 6, 1949.
2. Bradley, J. E.; et al.: J. Pediat. 38: 41 (Jan.) 1951.

Kinney® **KINNEY & COMPANY,** Prescription Products, COLUMBUS, INDIANA

Osteopaths in Public Hospitals

Missouri ruling may open staffs to osteopaths in other states too

• Steady gains toward legal recognition have given doctors of osteopathy almost unlimited rights to practice medicine and surgery in twenty-eight states. In the Federal medical services, they are eligible for Army and Navy commissions and for V.A. jobs. But until now, public as well as private hospitals have had an unquestioned right to exclude them.

First breach in this last bulwark has been forced in Missouri, where osteopathy was born and brought up. If a recent Circuit Court ruling in the "show-me" state is upheld and sets a precedent, doors of tax-supported hospitals in many another state may soon be jimmied open to osteopathic practice and patients.

Along with such an influx would come possible loss of AMA approval (unless some working arrangement were found). For hospitals, that could mean loss of internes and residents. And for staff physicians, awkward ethical issues would be a certainty since the AMA code of ethics specifically bans voluntary consulting with osteopaths wherever professional equality is implied.

Individual osteopaths have sued in other states for hospital privileges. And always, in the past, the courts have ruled against them: Public hospitals are not open to all doctors as a matter of law; they may exclude those without M.D. degrees from acceptable medical colleges.

Let 'Em In

But when the trustees of Missouri's Audrain Hospital asked the court whether *their* facilities could be barred to osteopaths, they got a different answer. In short, "No."

In effect, the court held:

¶ That the Trustees' 1940 rule excluding osteopaths from practicing in the county hospital was "unreasonable, discriminatory, and void."

¶ That another rule, requiring those practicing in the hospital to be members of the Audrain County and Missouri State medical societies, was also "unreasonable and void."

¶ That Missouri law permits osteopaths to practice medicine and surgery with the same freedom as

in Nervousness

In outlining the clinical management of the patient with fatigue and nervousness, Wilbur[1] states:

> "Symptomatic treatment of exhausted and nervous persons may be extremely helpful . . . It reassures the patient, gives him a more hopeful outlook, strengthens his confidence in the physician and consequently simplifies psychotherapy.
>
> "Sedatives are the most useful drugs in treatment . . ."

Small doses of sedatives, states this author, used during the day and to obtain sleep at night "can change the whole symptomatic complexion of a nervous patient." Except in severely psychoneurotic persons, he has not found that psychologic dependence on barbiturates becomes common.

Butisol® Sodium

Brand of Butabarbital Sodium

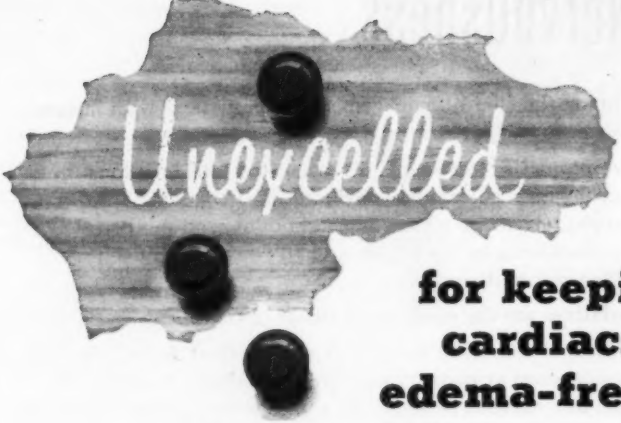
INTERMEDIATE SEDATIVE"

Particularly useful in cases where mild, relatively prolonged sedation is desired is the "intermediate" sedation provided by Butisol Sodium. The rapidity and duration of Butisol Sodium's action is intermediate between the fast-acting derivative, pentobarbital, and the longer-acting barbital and phenobarbital.[2]

For daytime sedation—to allay nervous tension and anxiety—Butisol Sodium is especially helpful. With proper regulation of dosage there is no cumulative action and a minimum of lethargy and "hangover."

1. Wilbur, D. L.: Clinical Management of the Patient with Fatigue and Nervousness, J.A.M.A. 141:1199-1204 (Dec. 24) 1949.
2. New & Nonofficial Remedies, Council on Pharmacy and Chemistry, A.M.A., J. B. Lippincott, 1949, pp. 436-437.

McNEIL LABORATORIES, INC. PHILADELPHIA 32, PENNSYLVANIA



for keeping cardiacs edema-free

Effective and well tolerated, Tablets MERCUHYDRIN with Ascorbic Acid are unexcelled for diuretic maintenance therapy.

Continuous administration of one or two Tablets MERCUHYDRIN with Ascorbic Acid daily—plus an occasional injection of MERCUHYDRIN Sodium—keep the average cardiac free of edema.

Because "maximum absorption occurs relatively high in the gastrointestinal tract (stomach and duodenum)"* Tablets MERCUHYDRIN with Ascorbic Acid are simple sugar-coated. Unlike poorly tolerated oral mercurials—which require enteric coating—clinical experience has shown that these sugar-coated tablets produce dependable diuresis with minimal side effects.

tablets

MERCUHYDRIN

(brand of meralluride)

with ascorbic acid

the simplest method of outpatient maintenance

To secure the greatest efficacy and *all* the advantages of Tablets MERCUHYDRIN with Ascorbic Acid, a three-week initial supply should be prescribed . . . 25 to 50 tablets. Available in bottles of 100 simple sugar-coated tablets each containing meralluride 60 mg. (equivalent to 19.5 mg. of mercury) and ascorbic acid 100 mg.

*Overman, W. J.; Gordon, W. H., and Burch, G. E.: Tracer Studies of the Urinary Excretion of Radioactive Mercury following Administration of a Mercurial Diuretic, Circulation *1*:496, 1950.

Lakeside Laboratories, INC., MILWAUKEE 1, WISCONSIN

M.D.'s. (Before this, the law had been interpreted to mean they could employ surgery and drugs only "as taught in osteopathic colleges.")

On being handed these hot bricks, Missouri medical men promptly appealed to the State Supreme Court. But for the present, the lower court's decision stands. Osteopaths have won a stunning and unexpected victory. What will happen next is an iffy question to which the state's physicians and hospital people wish they knew the answer.

How the Osteos Won

Could a situation like this develop in *your* community? The Audrain Hospital story may offer some clues:

Mexico, Mo. (the county seat) is a town of 9,100 people, served by fourteen M.D.'s and six D.O.'s. The fifty-one bed county hospital is approved by the American College of Surgeons. Local osteopaths have been trying to win admittance to it ever since it was built in 1917. But a dozen years ago, the hospital's trustees got the State Attorney General's opinion to back them up in keeping non-M.D.'s out.

Local unrest, stirred by the osteopaths, came to a head in 1947. A bond issue has been proposed so that the county hospital might have a badly-needed addition. This the osteopaths attacked vigorously since they couldn't treat their patients there. End result was that the voters turned it down.

Fighting back, the hospital asked the Circuit Court for a declaratory judgment on its authority to pick its own staff. The issues and sides were clear-cut: county physicians and the state medical society vs. county osteopaths and the state osteopathic association. The Audrain County judge disqualified himself, so Judge Sam C. Blair of Cole County sat for him.

In May 1950, when the trial started, Audrain County citizens voted on the bond issue a second time. Again, the osteopaths helped defeat it.

Finally, late last year, Judge Blair handed down the decision opening Missouri's public hospitals to osteopaths. Just as significant was his redefinition of osteopathy. Within the meaning of state statutes, he held, D.O.'s are physicians and have the right to use drugs and perform surgery. Yet he also ruled that they are *not* engaged in the

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practice of medicine and surgery according to the state's medical practice act.

Missouri medical men, scratching their heads over this paradox, could find one reason for their predicament in Judge Blair's fact-finding statement:

"Osteopathic physicians in Missouri since 1897 have been using drugs and have practiced operative surgery with instruments. During the entire time, there has never been any action instituted against them by the State Board of Health or by the State Board of Medical Examiners, challenging their right to practice their profession with such therapeutic agents."

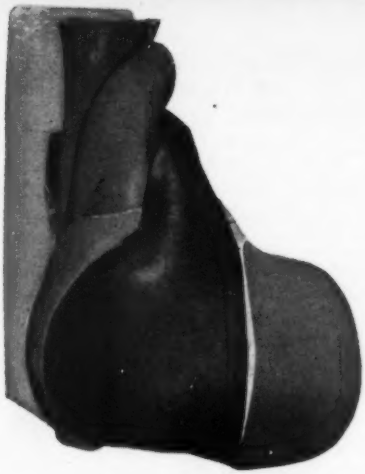
Some medical society officers think this casts a strong reflection on state law-enforcement agencies –and perhaps on themselves–for not prosecuting osteopaths in the past for medical practice act violations. But they admit it's a bit late for regrets.

The press reaction to Judge Blair's decision was immediate and full of alarm. Said the Kansas City Star: "Missouri may be caught with the loosest rules of medical practice in all the forty-eight states."

As for the hospitals' dilemma, doctors and press agree that it may be even worse than it looks. The ruling could conceivably apply to private hospitals that receive indirect public support through tax exemption.

What can the nation's medical men expect in the light of the Missouri muddle? Until higher courts clarify the decision, prediction is unsafe. But apprehension is probably in order. For some of the bars against osteopaths may be coming down. —JAMES FULLER

"Don't you think we rate some sort of discount? After all, he did infect the whole school!"



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Calpurate, being a double salt, releases its xanthine component gradually. Result: gastric irritation, if evidenced at all, is insignificant.

Special coatings to prevent gastric upsets are not necessary with Calpurate as they are with preparations containing highly soluble theobromine salts.

Calpurate does not contain the sodium ion.

Digitalis may be coadministered with Calpurate, since the calcium ion and the digitalis glycoside bear no synergistic relationship to each other.*

*Friedman, M., and Bine, R., Jr.: J. Clin. Investigation 24:1182, 1947.

in cardiac decompensation

with or without edema, the myocardial stimulation of Calpurate is quickly beneficial. Calpurate is a mild diuretic.

in coronary disease

because of its sustained coronary dilation, Calpurate is valuable as a preventive against the frequency and severity of angina pectoris attacks. In thrombosis, when blood supply is equal to increased vigor of contraction, routine use of Calpurate augments blood supply and allays cardiac failure.

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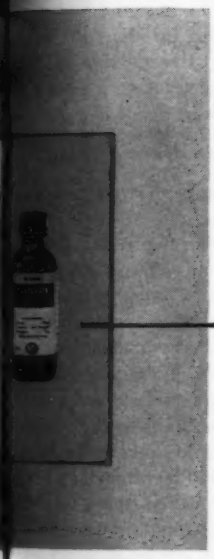
Calpurate with Phenobarbital relieves stress and improves circulatory efficiency, while the sedation exerts a desired calming effect.



Calpurate (7½ gr.) Tablets

Theobromine Calcium Gluconate, Maltbie

Calpurate (7½ gr.) with **Phenobarbital** (¼ gr.)

THE DOUBLE SALT WITH THE TRIPLE USE

Maltbie Laboratories, Inc., Newark 1, New Jersey

They Run a Car-Radio Network

How ten physicians organized a two-way radio system that saves time in emergencies

● "Sure, a two-way radio in my car would cut some time off my working day. It might even save a life someday. But I just don't feel like planking out the money for gadgets like that."

Until last summer, most physicians in Walnut Creek, Calif. probably felt that way. Most of them could really have used two-way car radios. Their practices were spread over a wide area, much of it rural countryside with few telephones. But the cost of a car radio was too much for most of them.

That is, they thought it was—until one doctor came up with this idea: Why not get together and buy a transmitter?

Last summer, ten of them did. The cost per doctor—about $70 for his share of the transmitter, plus $400 for a car radio—may still sound like big money. But it was less than half what each would have had to put into a two-way radio of his own. And, once the equipment had been paid for, the only expense was upkeep of the transmitter. This ranged from $3 to $5 a month for each member.

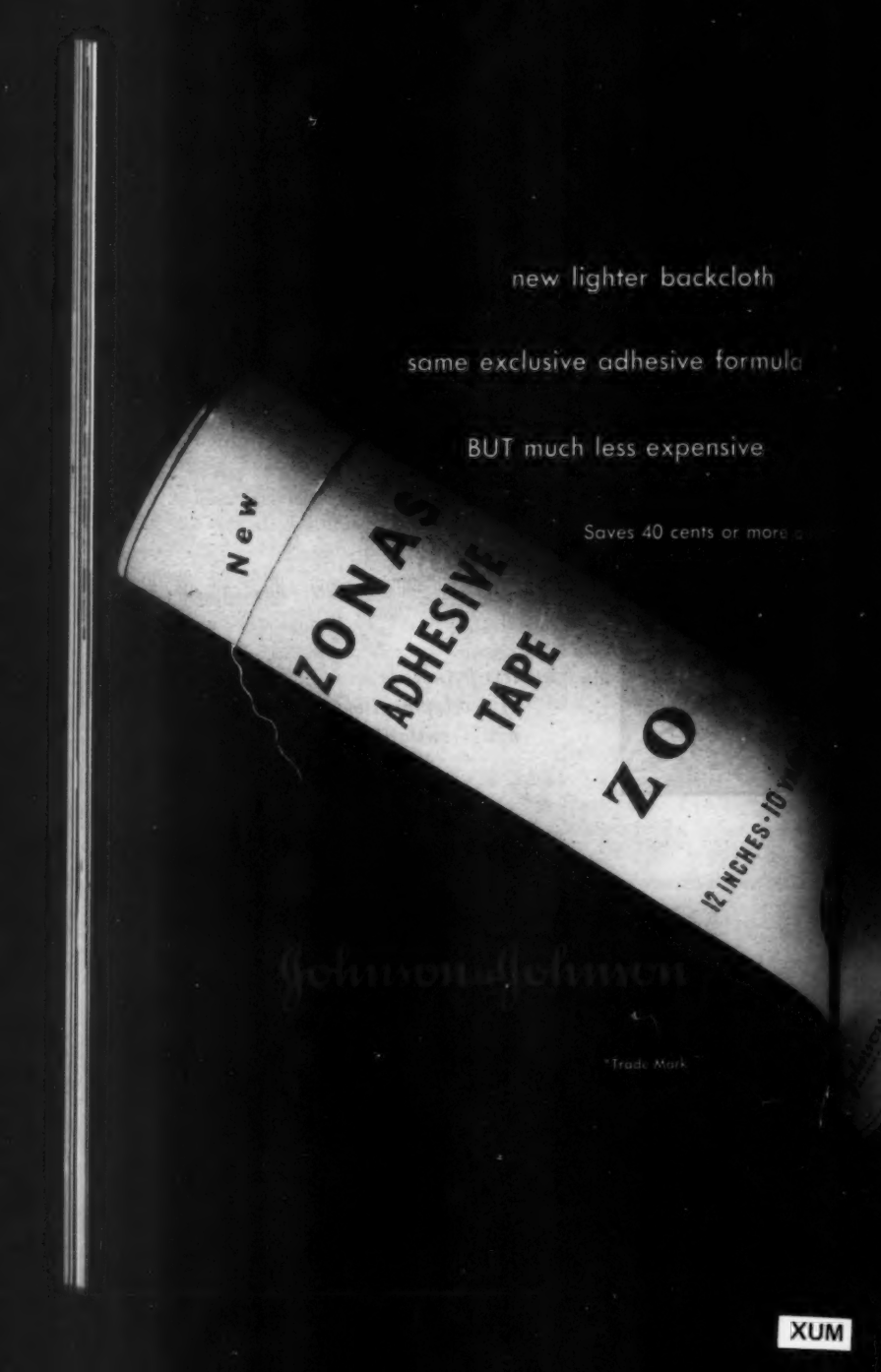
The main transmitter is run free of charge by the telephone-answering service the doctors subscribe to. Besides being a great convenience to them, this is a time-saver for the service operators. Instead of making four to five phone calls to locate a roving doctor, the operator simply calls him by radio. If he fails to answer, and it's not an emergency, she waits until he signs in. Then she gives him the message and relays his instructions to patient, office, or hospital.

Quick in Emergencies

The system is at its best when a doctor—any doctor—is needed in a big hurry. Take two recent cases:

¶ A man had a heart attack one night. His wife, telephoning for a doctor, was connected with the answering service switchboard, which doubles as an emergency-call dispenser. After being assured a doctor would be notified, the woman went outside to unlock her front gate, about 400 feet from the house. When she reached the gate, the physician's headlights were already shining in the driveway.

¶ A young boy fell from a hayloft. His parents telephoned for a doctor


new lighter backcloth
same exclusive adhesive formula
BUT much less expensive
Saves 40 cents or more
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Offers
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from their main house, then hurried several hundred yards to the loft. There they found one of the group's members already getting out of his car.

Usually an operator's call for emergency help is answered by two or three physicians. Either the one nearest the scene or the one best trained for that type of emergency is asked to handle the case. Thus an orthopedic surgeon wouldn't take care of a cardiac emergency call if an internist were available.

Patients can't help but be impressed by the speedy answering of emergency calls. But also important are the less obvious ways the radio network saves time and trouble. Several times, for example, a doctor has been on house calls not far from his hospital when a call has

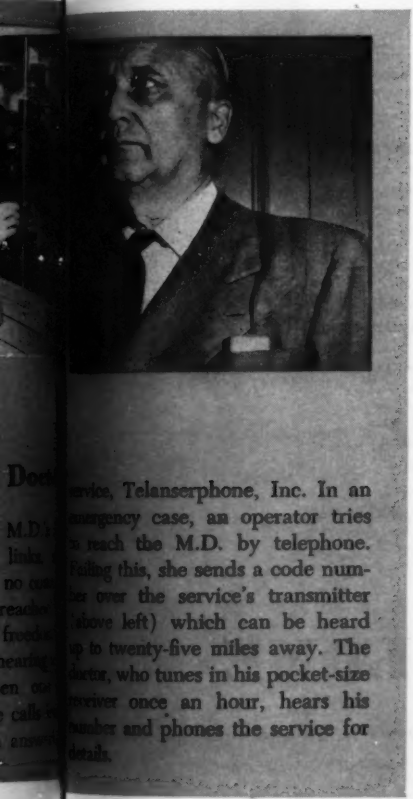
Pocket Radio Pages Doc

● Some 200 New York City M.D.'s taking off to theaters, golf links, sports arenas these days with no concern about whether they can be reached by phone. They owe this added freedom to a radio receiver the size of a hearing aid.

Here's what happens when one of these doctors goes out: Phone calls to his patients are routed to an answering

come through requesting him there. Without his radio, he might have gone home first—and found that he had to go right back again.

Sometimes a doctor wants to call an ambulance but can't reach a telephone. He now contacts the sheriff's office (which has a radio link with the network) to have one sent. If an M.D. gets lost on the way to a new patient, the operator of the main transmitter relays directions to him. If his car breaks down, he asks her to send a tow truck.



ervice, Telanserphone, Inc. In an mergency case, an operator tries reach the M.D. by telephone. ailing this, she sends a code numer over the service's transmitter above left) which can be heard p to twenty-five miles away. The octor, who tunes in his pocket-size eceiver once an hour, hears his umber and phones the service for details.

Other Systems

There are three other auto-radio systems used by California doctors. Probably the best of these (and the most expensive) is the telephone company's mobile service. With it, a doctor-subscriber can reach any local telephone number from his car. Cost: about $30 a month for a minimum of twenty-five calls, plus about 40 cents for each call over that.*

One of the state's medical answering services offers another plan. It's similar to that of the ten doctors except that the service owns the main transmitter. The subscriber has to buy his own mobile radio and pays $15 a month—more if he goes over his fifty-call allowance. The minimum is thus $180 a year—more than twice the initial investment each of the Walnut Creek physicians made in their mutually-owned transmitter.

A few physicians in sparsely-populated sections have their own two-way equipment. This is probably cheaper, in the long run, than

*Telephones in cars are available in some 200 cities. Here's a breakdown of charges for mobile service in one eastern city: For $22 a month the subscriber is allowed fifteen to twenty local calls (to phones within twenty-four miles of his mobile service operator). Calls to the car cost 30 to 40 cents. There is a $25 installation charge for the car unit, and the company recommends use of a fifty-ampere generator (heavier than ignition systems ordinarily use).

either of the two plans just mentioned. But it involves an initial outlay of $800 to $1,000. Individual ownership, of course, has an advantage: By installing the main transmitter in his office, an M.D. may talk directly to his assistant. But this is at best a mixed blessing, because everyone using the transmitter must be licensed. And, of course, somebody must be on hand whenever the doctor is out—if he's to get messages. The ten Walnut Creek doctors avoid these problems since the answering service operates their transmitter.

How do other M.D.'s around Walnut Creek take to the radio network? They're so enthusiastic that the group may expand to thirty car-radio units. Then members would be still better off. Their per-man expense would drop even lower. And with more doctors on their wave length, they'd be able to answer emergency calls even sooner. END

"All ready, Jim. I've got your kidneys on the table."

You and Your CD Post

The G.P.'s first-aid station in an atomic disaster—how it's set up, what it does

• Unless he's slated for emergency hospital duty after atomic disaster strikes his city, Dr. Jack Robinson (G.P., U.S.A.) will set up and take charge of a first-aid station. His post will be as close to the center of destruction as a vehicle can be driven. This will put him about a mile and a half from ground zero.

With him will go his initial supplies and his staff of medical assistants (dentist, osteopath, veterinarian, or pharmacist), nurses, nurses' aides, first-aid workers, clerks, and stretcher bearers.

Fanning out through the nearby rubble, his stretcher bearers will collect the injured who can't walk, give directions to those who can. They will perform whatever first aid is immediately needed, such as arresting bleeding, covering burns and wounds, applying splints.

At his aid post, Dr. Robinson will be screening and directing care of the first of perhaps five or six hundred casualties he'll handle in the next 24 hours. His job: to control hemorrhage, give blood or blood substitutes, dress wounds, give morphine, adjust or apply splints, give antibiotics if transport to rearward stations is delayed.

In addition, the doctor will dictate reports to record clerks. For each patient the report will include name and address (or where found), diagnosis, treatment given, and estimate of the urgency for further medical care.

Contact With Hospitals

Ambulances, trucks, and other vehicles will carry patients from the aid post to clearing stations or emergency hospitals. With each load, the driver will carry any requests from Dr. Robinson for more personnel or supplies. He'll bring back replacements for stretchers and splints given out to patients.

Come the bomb, that will be your job as a G.P. But how will your front-line staff be organized and moved? What major injuries should you prepare for? Where will you get your first supplies? Who will train whom for what?

At this point in the civil defense program, a lot of the questions are coming faster than the official answers. But from certain state defense plans, and from the new 260-page Federal handbook, "Health

Services and Special Weapons Defense," it's possible to piece together some of the parts of the jigsaw puzzle that may be yours on A-day.

How large your first-aid staff will be is, so far, a moot point. The Federal Civil Defense Administration suggests a big organization of 180 persons (including 150 stretcher bearers). By contrast, some of the states plan to assign only about twenty assistants to each aid post medical officer. Chances are your eventual staff will be a compromise between these extremes.

Originally, many local plans envisioned *fixed* first-aid posts, set up before the bombing. The Federal directive turns thumbs down on that idea. Its rule: "All first-aid stations should be *mobile*." The reason: They must be moved in, after the explosion, to ring the central damage area. That area can't be plotted until the attack.

Hence, a light truck, trailer, or moving van may be your first-aid station. It will be dispatched from a terminal on the city's edge to the assigned spot. It will pick up you and your first aiders at personnel collecting points along the route. (Of course, if you find a usable building near your post and want to use it for your first-aid station, you'll be able to do so.)

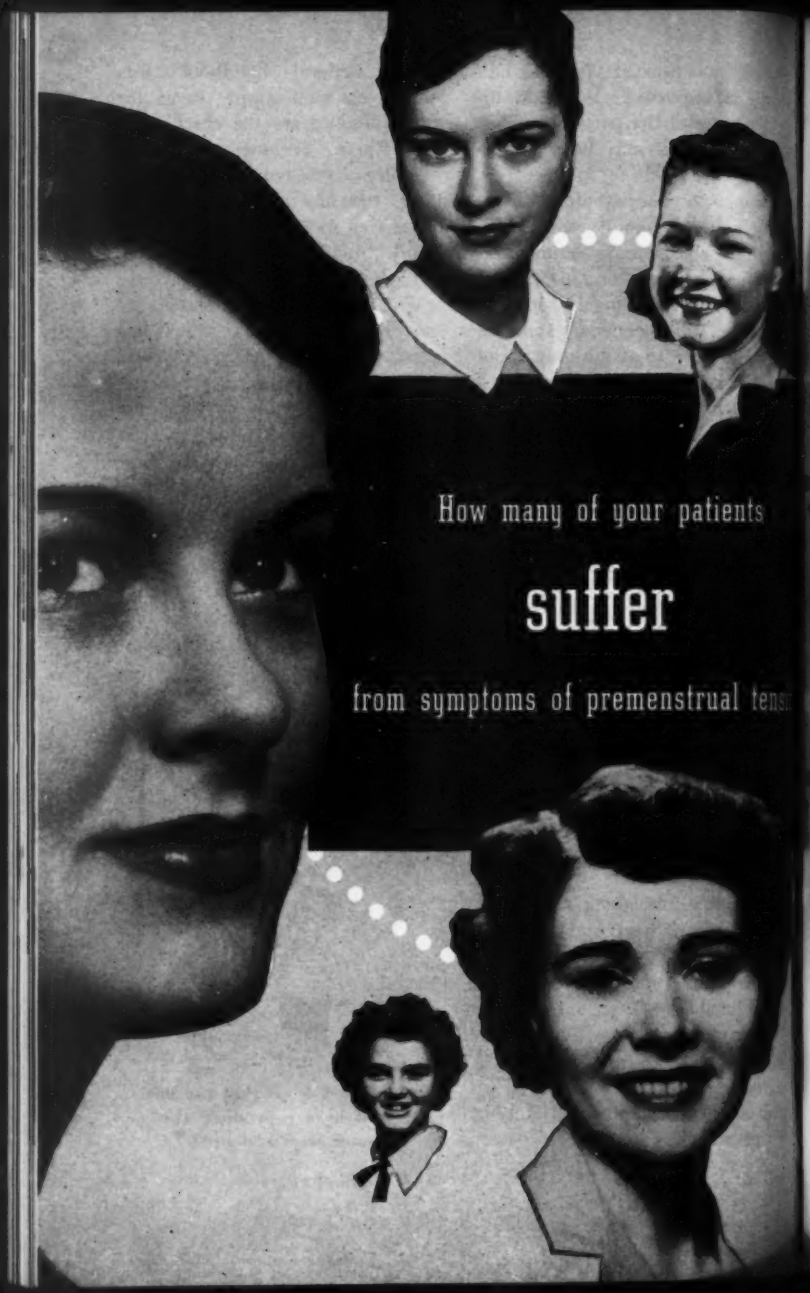
Your unit supplies will have been taken aboard by the truck first. Such supplies are to be stored on city outskirts in depots not likely to be destroyed.

The Federal handbook lists forty-seven vital supply items for you. Narcotics are the chief omission. These, because of Federal regulations, will not be stored with other supplies; the Government hopes that "ample stocks" will be found "in surviving drug stores and wholesale drug houses."

Your initial supplies should be enough to last you for the first few hours of casualty care. By then, replacements should be coming through from Federal stockpiles located well outside target areas.

Mass treatment of flash and flame burns will, of course, be one of your biggest medical problems. An estimated 60 per cent of casualties will be burn cases. For them, you will probably be supplied with a new type of dry dressing—a one-inch-thick, gauze-covered cellulose

"I learned today that the birds and bees reproduce the same way as people."


How many of your patients
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Adequate Therapy is at last available...

The symptoms of headache, nervousness, backache, abdominal distention and malaise, which accompany the altered hormone-water-balance state of the premenstrual period, have been found to yield dramatically to the administration of—

M-MINUS 4 combines in each tablet 50 mg. of N,N-Dimethyl-N'-(2-pyridyl)-N'-(p-methoxybenzyl) ethylenediamine 8-bromotheophyllinate [pyrabrom]—with 100 mg. of acetophenetidin, the dependable, safe analgesic. M-MINUS 4 brings marked relief of symptoms, and, in many instances, shows evidence of correction of water-retention.

Dosage—One tablet three times a day for three to five days before onset of menses.

Bottles of 24 and 100 tablets.

Literature and a prescription package of 24 tablets will be sent upon request.

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pad. Also you will probably give a salt-citrate solution to many burn and shock victims in order to lessen the need for plasma.

As physician in charge, you will treat the most severely injured and those in advanced shock. Special atomic disaster training for you and your medical assistants will be given by hospitals and professional organizations.

Extra Wartime Aides

The Red Cross will conduct training for nurses' aides. It also expects to train 20 million trained first aiders. These courses will teach laymen procedures for handling minor illnesses, so as to remove some of the wartime strain on the medical profession.

As individuals, your aid staff will thus be readied for their jobs. But to insure smooth operation as a team in disaster conditions, the Federal handbook says "all first-aid station personnel should be drilled systematically." You will be drill master.

When will your job be finished? Assuming only one bombing attack, you may be at work (with relief) for a week or more. After the emergency, the first-aid station will continue to provide out-patient care for those who didn't need hospitalization. During these days, radiation sickness will begin to show up; those suffering from it (perhaps 15 to 20 per cent of total casualties) will be diagnosed by you and shipped out to designated hospitals.

END

How to Read a Financial Page

Investing is easier once you've learned to interpret price tables, market reports

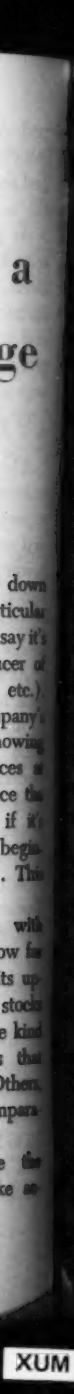
• Newspaper financial sections vary widely in content. The New York Times, for example, offers a wealth of news and statistical data; the Middleburg Bugle gives only sketchy price reports on a dozen stock-market leaders. But whatever they carry, all papers present it in much the same way. If you know your way around the Times financial section, you can find it around any other.

The average reader turns first to the stock quotation table. This is an alphabetical list of all stocks traded the previous day on the New York Stock Exchange (see cut, facing page, giving quotations for Jan. 15, 1951). He runs his eye down the list, looking for a particular stock he's interested in. Let's say it's Admiral Corporation (producer of television sets, refrigerators, etc.).

To the left of the company's name is a pair of figures showing the highest and lowest prices at which the stock has sold since the beginning of the year (or, if it's early in the year, since the beginning of the preceding year). This is called the *range*.

It shows, in comparison with other issues, how fast and how far the stock tends to move in its up-and-down price swings. Some stocks have wide ranges and are the kind of agile market performers that speculative investors like. Others, with narrow ranges, are comparatively stable in price.

But when you compare the ranges of various stocks, take ac-

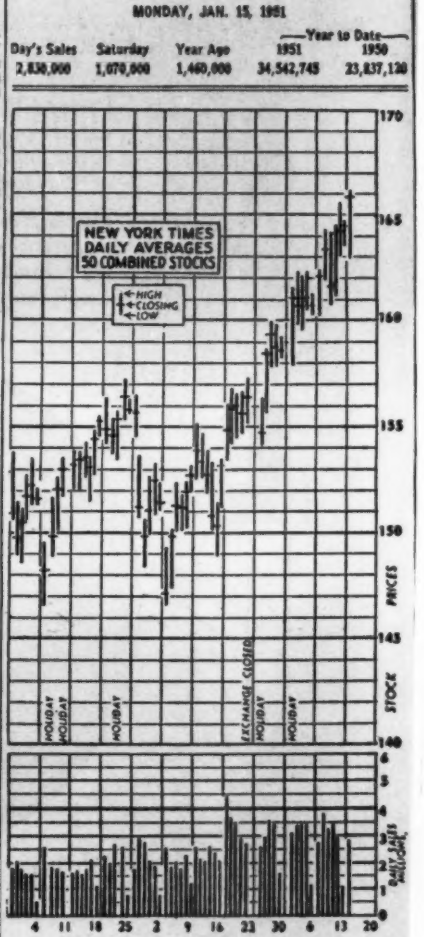


TRANSACTIONS ON THE NE

MONDAY, JAN. 15, 1951

Day's Sales	Saturday	Year Ago	Year to Date 1951	Year to Date 1950
2,830,000	1,070,000	1,460,000	34,542,745	23,837,120

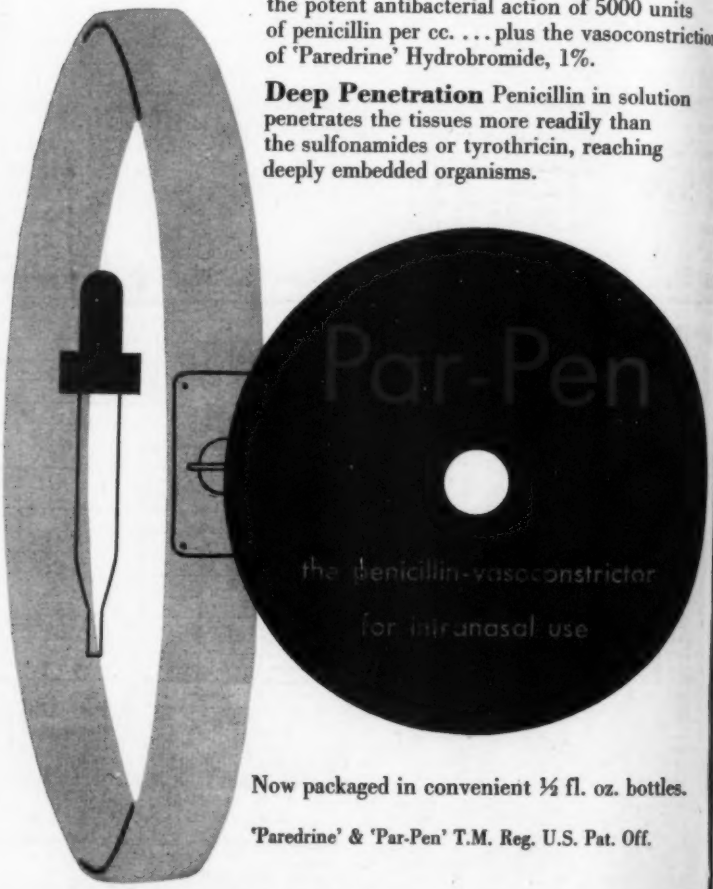
Stock and Div'd in Dollars.	Sls. 100s.	First.	High.	Low.	Last.	Net Chge.
ABBOTT L 1.60a.	21	44	44	43⅝	43⅜	— ¼
ACF Brill	13.	6⅛	6⅛	5⅞	5⅞	— ⅛
Acme Stl 2a.....	8	27¾	27⅞	27⅝	27¾	+ ⅛
Adams Exp 1.52e.	4	27	27	26⅞	27	..
Addressog 3a	1	53	53	53	53	..
Admiral Cp 1.....	77	25⅜	26	25⅛	25⅞	+ ⅛
Affil G Eq .80....	98	9⅜	10¼	9⅛	10⅛	+ ⅜
Affil G pf 3....	1110	48½	49	48½	49	+ ¾
Air Reduct 1.40..	48	28¾	29½	28⅜	29½	+ ⅜
Alaska Jun	88	3⅛	3½	3⅜	3½	+ ⅛
Aldens 1½	4	23½	23¼	23	23¼	+ ¼
Allegheny Cp	97	4⅜	4½	4⅛	4⅜	..
Allegheny pf	2	84	84	84	84	..
Alleg L Stl 2a....	48	43¾	44⅛	43	44⅛	+ ⅜
Alleg LS pf 4½	1350	133⅛	135	132	135	+ 2
Allen Ind .80a....	5	10	10	10	10	..
Allied Chem 2a..	33	59¼	59¾	58½	59¾	+ ⅛
Allied Mills 2a...	7	30⅛	30¾	30⅛	30¾	+ ½
Allied Strs 3....	23	45½	46½	45¼	46	+ ¼
Allied St pf 4....	1	99¾	99¾	99¾	99¾	+ 1
Allis Chal 3a....	26	45¼	45½	44¾	45½	— ⅜
Allis Ch pf 3½...	2	99⅛	99⅛	98¾	98¾	— ¼
Alpha P Cem 3e...	4	36¼	36⅜	36⅛	36⅜	..
Alum Ltd 3a.....	13	97	97½	96½	97½	+ ⅛
Amal Leath	12	5⅛	5⅜	5⅛	5⅛	+ ⅛
Amerada Pet 4....	2	160⅜	162	160⅜	162	— ½
Am Agr Ch 3a....	3	53	53	52¾	52¾	+ ¼
Am Airlines ¼e..	119	13⅜	13½	13⅛	13½	+ ⅛
Am Airl pf 3½...	2	78	78	78	78	..
Am Bk Note 1....	11	17⅞	17⅞	17⅜	17¾	..
Am Bk N pf 3..†	70	59	59	58½	58½	— 1
Am Bosch 1.20b..	17	16	16	15¾	15⅞	+ ⅜
Am Br Shoe 2a...	14	42¾	42¾	41¾	42½	— ¼
Am Broadcast	20	10⅜	10¾	10⅜	10¾	+ ¼
Am Ch&Rad .20e	83	7	7¼	6⅞	7⅛	+ ⅛
Am Can 4.....	10	98	98½	97½	98½	+ ½
Am Can pf 7...†	10	183	183	183	183	+ 1
Am Car & F....	39	34½	35¾	34½	35¾	+ 1
Am Car&F pf1.19e	9	75¾	77	75¾	77	+ 1
Am Ch & Chl 2a	8	30½	30⅝	30	30⅜	+ ⅜
Am Chicle 2a....	5	43¼	43⅜	3	43¼	+ ⅛
Am Colorty 1.40a	4	20⅜	20⅜	20	20	— ⅛
Am Cyan 4a,....	80	74¼	74¾	73¼	74⅛	+ ⅜
Am Cyan pf A 3½	2	174	174	174	174	+ 2¼
Am Cyan pf B3½	5	112¾	112⅜	112½	112⅜	..
Am Distill 2....	43	55¼	58¾	55	57½	+ 2½
Am Encaus T ½..	14	6	6⅛	6	6⅛	+ ⅛
Am Europ 2½e..	2	22	22	22	22	— ¼
Am Export L 2....	27	20⅞	21	20⅞	21	..
Am & For Pw....	21	3¼	3¼	3	3	— ⅛
Am & F P 7 pf..	59	92	94¾	92	93½	+ 1½
Am & F P 6 pf..	48	79⅞	82	79¾	82	+ 2⅛
Am & F P 2 pf..	132	17⅞	17⅞	16¾	16⅞	— ¾
Am Gas & El 3..	26	53½	54½	53½	54½	+ ¼
Am Haw SS 3....	2	48½	48½	48	48	— 1½
Am Hide&Lea ½e	10	8⅜	8⅜	8¼	8⅜	..
Am Home Pd1.20a	15	30¾	30⅞	30½	30½	+ ⅛
Am Ice ½e.....	2	6⅞	6⅞	6⅞	6⅞	+ ⅛
Am Intl 1.04b...	2	17⅜	17⅜	17¼	17¼	— ⅛
Am Iov Ill 1.60b	3	18⅛	18⅜	18⅛	18⅛	..
Am Loco 1a.....	52	20⅞	21½	20⅜	21⅜	+ ⅜
Am Loco pf 7....	1	102⅛	102⅛	102½	102½	+ ⅛
Am M & Fdy .80	17	15⅞	16	15⅜	15⅞	— ⅛
Am Mch&Met .55e	2	10½	10½	10½	10½	— ¼
Am Metal 1a....	4	49¾	50¼	49	49	— 1¼
Am Met pf 4½.†	10	105⅝	105⅝	105⅛	105⅝	— ⅜
Am Mfg Prod 2..	15	18	18⅛	18	18	..
Am Molass .40a..	14	10	10⅜	10	10⅜	+ ⅜
Am Nat Gas 1.60	33	28½	28½	28	28½	+ ⅜
Am News 1½a....	4	34	34½	34	34½	+ ½
Am Pw & Lt7.53e	19	18	18⅜	18	18⅛	+ ⅛
[illegible]			11½	..	⅞	



Range 1950-51. High.	Low.	Stock and Div'd in Dollars.	Sls. 100s.	First.	High.	Low.	Last.	Net Chge.
53⅞	36⅜	Chi R I & Pac 3.	9	52¼	53⅜	52¼	53⅜	+ ⅞
90½	77	Chi & P pf 5	2	90	90	90	90	— ½
		Cab 1..	4	12⅛	12⅜	12⅛	12⅜	+ ⅛

"Of all the medications tried for treatment of the common cold during my thirteen years as Chief of Otolaryngology at this school*, [Par-Pen] has proved the most satisfactory."

Furlong, T.F., Jr.: Clinical Test of a New Spray, Arch. Otolaryng. 48:658.
**The Pennsylvania School for the Deaf, Philadelphia*



Potent Bacteriostasis Par-Pen provides the potent antibacterial action of 5000 units of penicillin per cc. . . . plus the vasoconstriction of 'Paredrine' Hydrobromide, 1%.

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'Paredrine' & 'Par-Pen' T.M. Reg. U.S. Pat. Off.

Smith, Kline & French Laboratories, Philadelphia

count of their prices too. Equal ranges, measured only in points (dollars per share), don't necessarily mean equal volatility. It's range in relation to price that counts. And the price to use as a yardstick is the lowest price of the range.

Admiral vs. Can

For instance, it's apparent from the Times table that Admiral is a livelier market mover than American Can. This is true even though American Can's 30¾-point range from Jan. 1, 1950 to Jan. 16, 1951 is larger than Admiral's 22-point range. The important thing is that Admiral's range is 127 per cent of the low price of that range; American Can's is only 34 per cent of its low price.

The real test is of course how much money you would have made (or lost) in these stocks, given an equal investment in each. Say you were lucky enough to buy $1,000 worth of each at its lowest price since January 1, 1950, and to sell at the highest price. Your profit on Admiral (127 per cent) would be $1,270; on American Can (34 per cent) only $340. If you'd been *un*lucky enough to buy at the highs and sell at the lows, your loss on Admiral would also have dwarfed your loss on the container stock.

Experienced investors don't carry these calculations to such a fine point. A glance at ranges and prices of a number of stocks tells you roughly the volatility of each. Closer comparisons aren't worth the trouble. [*Turn page*]

"And here's our Hopalong Hypodermic . . . "

American Machine & Metals, for instance, can be considered in about the same volatility class as Admiral, though it didn't quite double in price from its 5 7/8 low to its 11 1/4 high. The point is that both are very volatile stocks; and American Machine in the coming year could prove more volatile than Admiral. Only safe bet is that neither will be so stable market-wise as American Can, long-established leader in a stable industry.

Speaking of Dividends

Note the figure "1" right after "Admiral Cp" in the Times quotation table. That means the company's present annual dividend rate is $1 per share. A small "a" after the dividend figure would mean that stockholders also got an extra dividend last year. (See Abbott Laboratories, for example; its regular dividend rate is 40 cents quarterly, but it also paid an extra in 1950.)

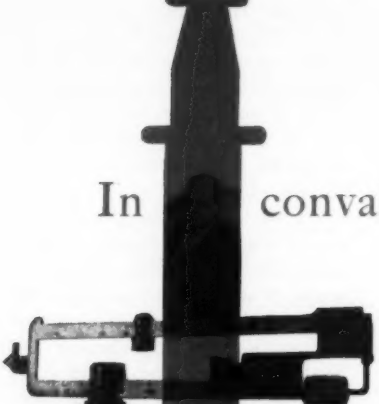
Some stocks pay dividends, but not on any regular basis. In such cases, the Times reports what was paid last year and follows this with an "e." Or with a "g," meaning that the figure includes dividends paid or declared to date in the current year.

The Times uses many other symbols in its stock table and includes a legend for them. Most of its explanations are clear enough. But a few might stump a beginning investor. For example:

¶ "xd," which stands for ex-dividend. This symbol warns buyers of the stock that they can no longer expect to receive the latest dividend declared on it. It appears in the paper for one day only—the day after the stock has first sold ex-dividend. Here's how the whole thing works:

On January 16, say, the directors of a company declare a dividend of 50 cents a share. They announce it will be paid on March 16 to all stockholders registered on the company's books on February 16. That means a new stockholder registered February 17 or after won't get the dividend; it will go instead to the fellow he bought the stock from. Moreover, the seller is allowed three days to deliver the stock, and the buyer three days to pay. So the last day you can buy it and have it transferred to your name in time is February 13. Sales on the 14th, therefore, are ex-dividend (*i.e.*, without the dividend). On the 15th, reporting transactions of the day before, the Times appends the "xd" symbol. So do most other papers.

¶ "xr," which stands for ex-rights. This works the same way, but with *rights* instead of dividends. Rights issued to stockholders usually entitle them to buy more of the company's stock at a special price. Even if the price is no lower than the current market price, the purchase rights have some value. This is because the market may go higher before the expiration date of the rights. If so, holders can exer-



In convalescence

Perandren helps restore weight and strength

"In the fields of general surgery and medicine, testosterone compounds are being increasingly used in both men and women as a material aid in the restoration of good nutrition, body weight and strength."[1]

Surgery, fractures, burns or debilitating infections are almost always followed by a negative nitrogen balance. Loss of only 40 grams per day of nitrogen from protein destruction will result in a daily loss of 1 kilogram of body weight.[2]

Perandren (testosterone propionate U.S.P.) induces retention of nitrogen and promotes building of protein and tissue. Patients gain weight and strength and the period of convalescence is often materially shortened. Adequate nitrogen should, of course, be supplied by a high protein diet.

1. Overstreet, E. W.: Androgen Therapy. Bull. Univ. California M. Center 1:25, 1949.
2. Browne, J. S.: Paper read at Postgraduate Assembly in Endocrinology on Feb. 25, 1949.

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cise their rights and reap a riskless profit.

Stock purchase rights, sometimes called *warrants*, usually have a brisk market of their own. A stockholder who is issued rights should always either exercise them or sell them before expiration. Many stockholders carelessly fail to do either.

¶ A dagger symbol, meaning that the stock is regularly traded on the exchange in less than the customary 100-share lots. The unit of trading for a stock so marked may be anywhere from ten to fifty shares. Usually this is because it isn't widely held by the public; hence its market is thin and inactive. Such issues are commonly called *inactive stocks* or *post-thirty stocks*. They're dealt in only at trading post No. 30 on the stock exchange floor.*

¶ "cld," which means the company has called the stock in for redemption by a certain date. After that date, the market for the stock will disappear. This symbol can appear only with a preferred ("pf") stock, since common stocks aren't callable.

The next figure after the dividend shows the preceding day's sales in hundreds of shares. It means little by itself. But over a period of time, the volume of daily sales answers two important questions: (1) Is there a good, brisk market for the stock, with plenty of buyers and sellers around at all times? And (2) what is the trend of public interest in the stock, as indicated by the trend of its sales volume?

An active market for stock is a strong point in its favor, especially to a sizable investor. It means he can buy or sell without running the price up or down to his own disadvantage. And the trend of public interest in an issue can serve as a warning. When everybody and his brother is getting in—especially if the stock has had quite a price rise—the canny investor may decide it's time for him to be getting out.

Though one day's sales can be deceptive, some rough comparisons are possible. For example, Admiral Corporation (7,700 shares traded) clearly enjoys a much broader market than does Addressograph-Multigraph Corporation. Only 100 shares of the latter were

*You can also buy or sell any active stock in lots of from one to ninety-nine shares. These are called *odd-lot* transactions (100 shares being a *round lot*). For a detailed explanation, see "ABC's of Opening a Brokerage Account," November issue.

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Investigators stated: "We have never had other iron salts so efficacious . . . our results have been striking... increases in hemoglobin were dramatic and rapid..."

White's Mol-Iron has been carefully evaluated in the treatment of iron-deficiency secondary anemia. It has proved to be more effective than unmodified ferrous sulfate[1,2,3] and exceptionally well tolerated.[4,5]

Supplied: Mol-Iron Liquid—bottles of 12 fluid ounces.
Also: Mol-Iron Tablets—bottles of 100 and 1000.

NEW: { **Mol-Iron with Liver and Vitamins (capsules) in bottles of 100**
Mol-Iron with Calcium and Vitamin D (soft gelatin capsules) in bottles of 100.

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N.J.

1. Dieckmann, W. J., and Priddle, H. D.: Am. J. Obstet. & Gynec. *57*:541 (1949). 2. Chesley, R. F. and Annitto, J. E.: Bull. Margaret Hague Mat. Hosp. *1*:68 (1948). 3. Dieckmann, W. J. et al.: Am. J. Obstet. & Gynec. *59*:442 (1950). 4. Kelly, H. T.: Pennsylvania M. J. *51*:999 (1948). 5. Neary, E. R.: Am. J. Med. Sc. *212*:76 (1946).

traded on a day when the exchange handled 2,830,000 shares in all (see statistics above chart).

Over-all volume of this magnitude means very heavy brokerage activity throughout the country—a lot of people buying and selling stocks. The figure of a year earlier (1,460,000) is closer to normal.

When stock-market activity is less frenetic than it was early this year, there are many days when Addressograph doesn't trade at all. Quite apart from its investment qualities as a prominent concern in the office equipment field, its stockholders must put up with a rather thin market for their shares. Anyone who had to sell a sizable block quickly would have to expect some sacrifice on price.

Market Breadth

The more shares a company has outstanding, as a rule, the broader the market for those shares. Also, low-priced stocks tend to be more actively traded than higher-priced ones. Though the price of a stock has no bearing *per se* on its attractiveness as an investment, the psychological fact is that most people would rather buy 100 shares of a $20 stock than twenty-five shares of an $80 one.

That's why many a company splits its shares when they get high in price, giving each stockholder two or more new shares to replace each old one. The company's aim is to broaden the market for its stock, get it more widely distributed among the public. This is a kind of institutional advertising maneuver. It helps the company raise new money more easily later on.

On the front page of its financial section, the Times publishes a box headed "Stock Market Leaders." Here each day are listed the fifteen most active stocks of the day before (out of the 1,400-odd listed on the stock exchange). The make-up of this list often reflects the prevailing financial weather.

Ordinarily it includes mostly industrial blue chips of deepest hue—General Motors, U.S. Steel, General Electric, etc.—plus one or two utilities in the same class, maybe an unusually solvent railroad, and a couple of low-priced speculative issues enjoying a temporary whirl. But early this year even a tyro in the ways of Wall Street could have told from the list that the country was riding a tremendous boom. For on a typical day, six of the fifteen leaders were railroad stocks; and railroads in general prosper only when things are booming in a big way.

Open, High, Low, Close

In the Times quotation table, the four figures following the sales volume tell you, respectively, (1) the price at which the stock sold in the first transaction of the day, (2-3) its range for the day (two middle figures), and (4) the price of the day's last transaction.

Many papers don't bother with the opening price, reporting only

the high, low, and close. Some report the closing price only. All figures represent dollars per share; the fractions are of $1. Thus, 1/4 equals 25 cents, 5/8 equals 62.5 cents, and so on. The smallest price unit of most stock exchange stocks is 1/8, or 12.5 cents.

The plus or minus figure that follows the day's closing price shows how much higher or lower it was than the closing price of the day before. If the stock wasn't traded the day before, the comparison is with the last day it was traded.

Sometimes, in the last day or two of the year, you'll see the word "cash" in place of this plus or minus figure. That means somebody was in a hurry to complete a transaction that would give him a tax loss for the year. Instead of taking the usual three-day settlement period, buyer and seller agreed to culminate the deal in one day through an immediate swap of cash and stock certificate.

Market Picture

Some big newspapers like the Times compute daily average prices of a group of "representative" stocks, then publish the day-to-day fluctuations of these averages in chart form. In the Times chart, a vertical line represents the daily range of the average, with a cross mark for the closing price.

The chart is intended to picture the bull and bear movements of the stock market as a whole. But it doesn't always do so. This is because the averages are made up largely of blue chips. These may be moving up while stocks of lesser investment quality are making little headway. That was the case, for example, through most of last year.

Chart Readers

However, many investors and speculators set great store by such charts as market forecasting tools. In Wall Street parlance, they are *chart readers*. They're looked upon by the analytic school of forecasters about as an M.D. looks on a chiropractor.

The analysts study basic business and political conditions in attempting to forecast the stock market. A true chart reader claims that the market itself weighs and sifts all this data and does its own forecasting. The future of the market, they say, is to be read in the pattern of its immediate past. Their theories on the significance of *head-and-shoulders patterns, round-tops, triangles, and lines of accumulation* could fill books—and do.

Many canny investors pay attention to both schools. The broader-minded analysts tend to elevate chart-reading, within bounds, to about the level of osteopathy. Some of its tenets, they feel, cannot be ignored—if only because so many people believe and act upon them.

Best known and most successful of all chart-reading methods is based on the Dow Theory,* using

*See "How the Dow Theory Works," November 1948 issue.

He "wouldn't wear no harness–" but is mighty pleased with his SPENCER!

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Even the "hefty" may suffer lumbosacral sprain! This farm laborer—who had "never been sick a day in his life"—developed lumbosacral sprain in lifting a heavy air compressor.

The patient protested strongly against wearing any kind of "harness." However, a Spencer Support was applied. He admitted the support was comfortable, he could use his body freely, painful symptoms were relieved, and he himself said that he *looked better!*

You are assured of patient cooperation when you prescribe Spencer. Each Spencer is *individually designed, cut and made* for each patient.

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Never are such properties more desirable than in the treatment of cystitis. It is therefore not surprising to find MANDELAMINE used widely, and with excellent results, in this disease (*cf.* Lowsley, O. S., and Kirwin, T. J.: Clinical Urology. Baltimore, The Williams and Wilkins Company, 1944; vol. 2, p. 1178).

MANDELAMINE is also indicated in pyelitis, prostatitis, nonspecific urethritis, and infections associated with urinary calculi or neurogenic bladder, as well as for pre- and postoperative prophylaxis in urologic surgery.

MANDELAMINE is available in bottles of 120, 500, and 1,000 enteric-coated tablets, through all prescription pharmacies. Literature and samples on request.

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*MANDELAMINE is the registered trademark of Nepera Chemical Co., Inc., for its brand of methenamine mandelate

the Dow-Jones industrial and railroad averages (computed by Dow, Jones, Inc., publishers of The Wall Street Journal). Most newspapers that carry any financial news at all publish the daily Dow-Jones figures.

Volumes of Meaning

At the bottom of the Times chart, note the asparagus patch of vertical lines. Each stalk shows, by its height, one day's volume of trading in *all* stocks on the stock exchange (not just those included in the Times price average above). Chart readers, and many orthodox analysts too, attach much importance to changes in trading volume.

For example, when volume swells with succeeding daily price gains during a bull movement, and shrinks on the days that prices recede, most Wall Streeters draw bullish implications. But when volume gains as prices go down, it's often diagnosed as the beginning of an important interruption to the bull trend.

Again, when prices have been moving sideways for some time on low volume, then jump suddenly on big volume, chart followers are apt to look for continuation of the up-move. A similar price jump with no gain in volume usually leaves them cold.

Besides its daily coverage of all stocks traded the day before on the New York Stock Exchange, the Times publishes bid-and-asked prices of NYSE stocks that *weren't* traded that day. When there's no transaction in a stock, it's because buyers and sellers couldn't get together on a price. The Times bid-and-asked table shows, for each untraded NYSE stock, how close the highest bidder and lowest asker got to making a deal, thus: Adams Mills—42 bid, 42⅛ asked.

Some stocks turn up as often in the bid-and-asked table as they do in the stock-trading table. Bid-and-asked prices enable owners of such a stock to gauge its approximate market value, even when no very active market for it exists.

The Times reports on other markets besides the New York Stock Exchange, but in less detail. Its New York Curb Exchange quotation table is the same as the stock exchange table. But it publishes no price averages or bid-and-asked prices for curb stocks. Ditto for corporate, municipal, and foreign bonds traded on the two big exchanges.

Unlisted Trading

Though Government bonds are traded on the New York Stock Exchange, the great majority of them change hands in the *over-the-counter market*. Thus, for Governments, the Times reports over-the-counter prices only.

The over-the-counter market could be more accurately labeled "over-the-phone." The switchboard traders in the larger brokerage houses handle more business than the two exchanges combined. Be-

"Infants have a particular claim to oral penicillin since they . . . should be spared the pain and disturbance of injections."

Editorial, Brit. M. J. 2:962, 19

'ESKACILLIN 100', containing 100,000 units of penicillin per teaspoonful (5 cc.), and 'ESKACILLIN 50', containing 50,000 units of penicillin per teaspoonful—are the ideal penicillin preparations for infants and children because they can be given by mouth . . . and are so pleasant-tasting.

Among the many indications for ESKACILLIN are:

Acute sinusitis	**Pneumonia**
Bronchitis	**Cellulitis**
Tonsillitis	**Gonorrhea**
Otitis media	**Certain skin infections**

Eskacillin 100
Eskacillin 50

the unusually palatable liquid penicillins for oral use

'Eskacillin' T.M. Reg. U.S. Pat. Off.

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sides dealing in Government bonds, they execute customers' orders on municipal and corporate bonds, guaranteed rail stocks, bank stocks, insurance stocks, investment trust shares, and industrial stocks of much the same kind as those traded on the exchanges.

Usually the reason the latter aren't on an exchange is because, under exchange rules, these companies would then have to issue more detailed income figures to stockholders than most of them now do. For competitive or other reasons, they'd rather sit tight.

Compared with the two exchanges, the over-the-counter market is a disorganized affair. No simple way exists for gathering full, reliable information on prices and daily trading volume. So on Government bonds and other over-the-counter issues, the Times gives only bid-and-asked prices.

Other Times financial features include commodity news and prices, foreign exchange rates, and the daily Treasury statement. These are pored over by bankers and economists, passed over by John Q. Investor. On the other hand, the newspaper's corporate and industry news stories, leading off the daily financial section, are worth scanning by any market-minded M.D. Likewise, its Sunday summary of the security markets and its Wall Street gossip column.

—H. D. STEINMETZ

"I'd have been released today, but the night nurse caught me necking with the day nurse."

PRULOSE® COMPLEX

The *dietary approach* for Therapeutic correction of Functional Constipation.

Combining the well-known bulk-producing effect of methylcellulose with the universally accepted laxative properties of prunes, the *natural laxative food*, fortified with an isatin derivative. This activated moist bulk

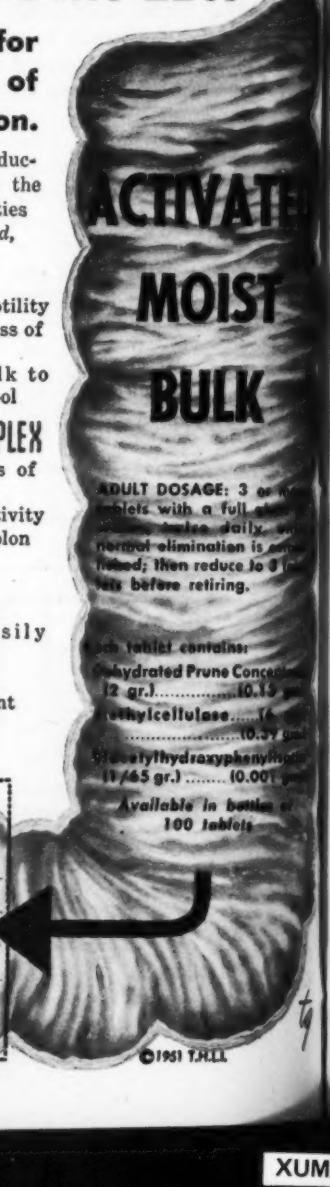
1. activates the colon to normal motility
2. prevents drying out and hardness of the colon contents
3. supplies the necessary bulk to increase the volume of the stool

These actions of PRULOSE COMPLEX

1. promptly relieve the symptoms of functional constipation
2. gently stimulate peristaltic activity
3. institute a return to normal colon function

PRULOSE COMPLEX tablets are:

1. convenient, small and easily swallowed
2. economical—low dosage
3. formulated for maximum patient cooperation



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Goodbye to Private Practice!

Ever wonder what it's like these days to switch suddenly to military life? Let this G.P. tell you

• Last October, along with almost 600 other Naval reservists, I was recalled to active duty and loaned to the shorthanded Army Medical Corps. It didn't matter, actually, which branch of service claimed me. The important thing to me at the time—the overwhelming thing—was that I had to mothball my civilian affairs in only eight days.

My wife (she was also my office nurse) worked around the clock with me those last few days. One of our big jobs was letting my patients know I was leaving, and referring them to the four G.P. colleagues who were to share my practice. In particular, I had to assure several fidgety OB cases that I wasn't the only doctor in our town who had ever delivered a baby.

We reached the more important patients by phone and sent postcards to the others. The physicians' telephone service also promised to notify all callers that I'd gone into service.

What help did my professional associates give me? Well, one of the G.P.'s who was taking over part of my practice offered to pass along all fees collected from my old patients. But he was just getting back on his feet after a long illness, so I turned down his offer with thanks.

Hospital Privileges

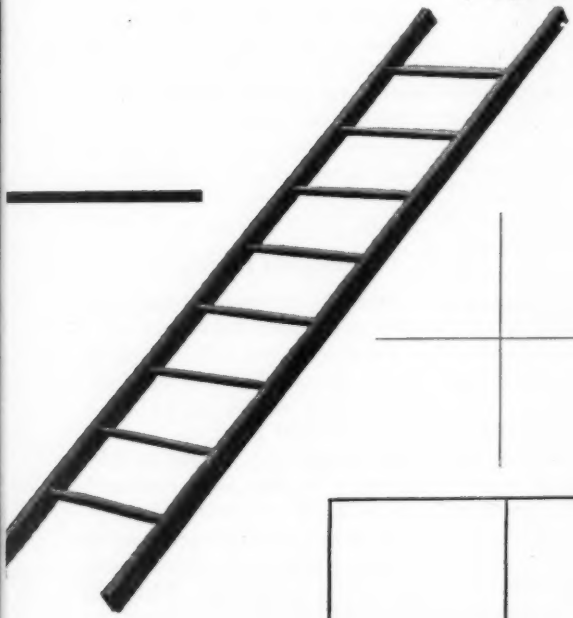
Probably the county medical society could have helped me too—if I'd remembered to ask. I was so busy I forgot. I did take time out, however, to see the medical chief at the hospital about my courtesy staff privileges. He assured me they would be waiting for me when I got back.

In just a few sleeves-up days, we managed to get my office records into pretty good shape. After that, my filing cabinets and other office

---

**The author of this article received his medical training under the Navy's V-12 program. He was graduated from medical school in 1947, did general practice for a year and a half in a small eastern city, and was recalled to active duty as a lieutenant (j.g.) late in 1950.*

td



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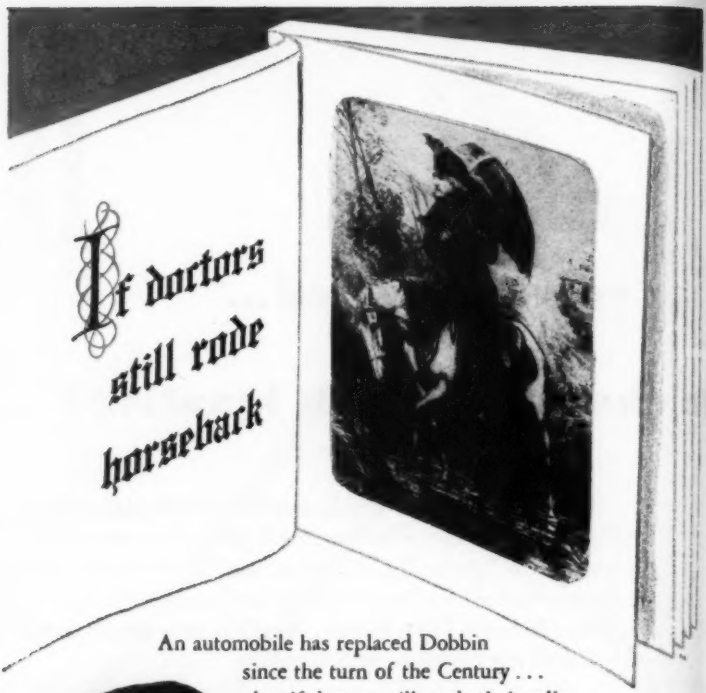


An automobile has replaced Dobbin since the turn of the Century . . . but if doctors still made their calls on horseback, you'd find the B-D YALE ANEROID MANOMETER, Jeweled-Bearing, in many a saddle bag. Built in a *single integrated unit*, it is a *rugged* instrument that would withstand the bumps and jolts of a canter or a trot and give a lifetime of service.

Look for the red dot . . . it identifies the B-D YALE ANEROID MANOMETER *Jeweled Bearing*

- Greater sensitivity and dependability
- Greater precision and readability
- Uniformly-spaced graduations
- Rugged construction

B-D PRODUCTS
Made for the Profession

BECTON, DICKINSON AND COMPANY RUTHERFORD, N. J.

equipment were carted off to a storage warehouse.

Maybe I was foolish to keep all the stuff; some of it was bound to be obsolete by the time I came back. But I'd bought it brand new when I'd started practice the year before. I didn't want to give it up for current secondhand prices. And it could be dusted off on short notice if I got an unexpected early discharge.

Abandoning my office on Main Street was no problem; I'd shared it with a colleague, and he generously assumed the entire rent. But breaking away from our apartment was something else again. Our two-year lease had run only four months, and our landlord wanted to charge us for the remaining twenty. Finally we compromised: I paid him three months' rent and he agreed to tear up the lease.

About half our apartment furniture followed my office equipment into storage. The rest went across town to my mother's house—where most of it had come from in the first place.

The Patients Owe

Although I'd given my wife power of attorney, she didn't have much chance to collect the bills that patients owed me. Reason: She left town to join me a couple of weeks later. We're still trying to bring in some long-overdue accounts by mail. I don't have much hope of getting these unless I hand them over to an agent. My being in uniform hasn't made the delinquents any more eager to pay up than they were before.

My first stop in service was at Fort Sam Houston, San Antonio, Tex. At the Brooke Medical Center there, we got what was probably the shortest indoctrination course in Army Medical Corps history. This course has ordinarily taken from six weeks to two months; our group was pushed through in five days.

The Army Pays

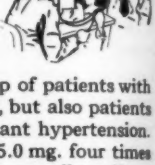
As a former Navy man, I was a bit skeptical at first of Army routine; but the fact is, I've been treated well. A few days after my induction, for example, I was handed a month's pay in advance. That was especially welcome, since I'd just laid out $100 more for uniforms than the $200 allowance I was entitled to.

Another break was my assignment to an Army hospital in Washington, D.C. I'd stated a preference for an eastern post, and the military brass seemed to make an honest effort to send us where we wanted to go. When my wife joined me in Washington, she brought along our Plymouth. We've since been able to take in some of the points of interest in nearby Maryland and Virginia.

Compared with the hours I used to put into private practice, this assignment is a breeze. I work a regular 9-5 shift, with every weekend free. [*Turn page*]

...A Complete Response

in **HYPERTENSION**



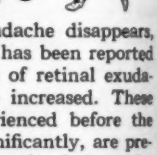
THE BLOOD PRESSURE DROPS

Through reduction of peripheral resistance, Veriloid produces a significant drop in arterial tension. Not only is that large group of patients with moderate hypertension benefited, but also patients with severe essential and malignant hypertension. The average dose of from 2.0 to 5.0 mg. four times daily after meals and at bedtime usually suffices, although individualization of dosage is essential for maximum therapeutic efficacy and avoidance of nausea.

VERILOID*
Now Available In 3 Tablet Sizes

Veriloid, a unique biologically standardized fraction of Veratrum viride, is now available in 3 dosage units for maximum economy—1, 2, and 3 mg. tablets; bottles of 100, 500, and 1000.

*T.M. OF RIKER LAB., INC.



THE PATIENT IMPROVES SUBJECTIVELY

The gratifying feature of Veriloid therapy is the speed with which the distressing discomfort of hypertension is overcome. Headache disappears, easy fatigability lessens, vision has been reported to improve through absorption of retinal exudations, and kidney function is increased. These beneficial changes, often experienced before the blood pressure has dropped significantly, are presumably related to the vasorelaxation induced by Veriloid and the resulting improved tissue nutrition. Literature available on request.

RIKER LABORATORIES, INC.
8480 BEVERLY BLVD., LOS ANGELES 48, CALIF.

VERILOID

A PRODUCT OF RIKER RESEARCH

Wouldn't I be doing more good back in civilian practice? *I* think so –but I doubt if I could sell the idea to the higher echelons.

I don't expect to have it this good for very long. All kinds of rumors are floating around. One day we're all reportedly bound for Korea; the next, we're to be released as soon as the doctor draft picks up.

Actually, I'm resigned to a long period in service. As long as doctors are needed, I'm a logical one to stay on: The Government paid for my medical education, and I didn't see much actual service in World War II.

One complaint we G.P.'s in service have is that we're sometimes pushed into a back seat by specialists with less experience. In Texas, a G.P. colleague of mine with two years' experience was given a lower classification than a one-year surgical resident who'd had no past practice. Quite a few G.P.'s get a steady diet of interne-level duties. Others claim they're treated like first-aid men.

Personally, I've had only a few small gripes. While at the Brooke Medical Center, I mentioned that I'd done blood work during my residency. Later, in Washington, I wound up with the detail—which didn't make me happy at all. Of course, it's a good sign when the Army tries to fit us into jobs we know how to do. All the same, I'll probably keep my mouth shut next time.

HANDITIP

Hindsight Help

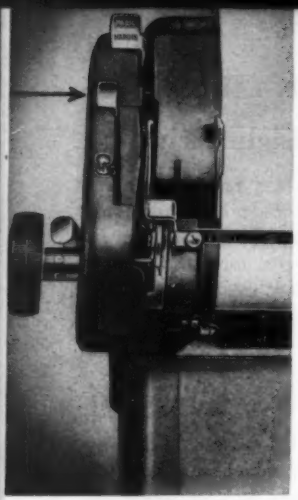
New five-paneled rear vision mirror affords 160-degree panorama, warns of cars pulling up to pass in either right or left-hand lanes. Trade-marked Wyd-vue, it sells for less than $10 in department and auto supply stores.

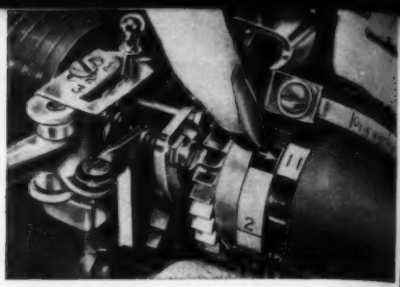
Although it's nice to have my wife here in Washington, I wouldn't advise anybody to start toting his family around unless he's pretty sure his assignment is permanent. Things are bad enough even in a well-established community like Washington. I hate to think what family accommodations would be like if I'd been shipped to some newly reactivated base 100 miles from nowhere.

All in all, my experience hasn't been so bad as I had expected. The Medical Corps has taken pains to iron out many of the troubles that showed up during the last World War.

That doesn't mean I'm overjoyed to be in uniform again. As far as I'm concerned, there's nothing like private practice, and I'll make a beeline for it the day I'm discharged.

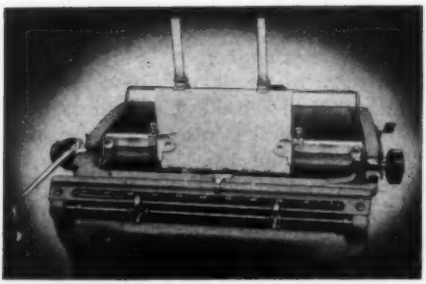
Meanwhile, I'm here. I've got a job to do. And, considering the state of the world today, I could be a lot worse off. —ANONYMOUS





PAGE-END GAUGE: With this time-saver you can type a whole page at full speed without having to stop near the bottom to see how much room remains. Just 2½" from the end the red signal pops up. From there until ½" from the bottom, the outer scale tells you how much space is left. (Smith-Corona.)

LINE-FINDER: When you have out-of-line characters to insert (such as 90°, CO_2), flipping this lever gets back your original line-up. (Royal.)



CARD-HOLDER: This gadget (for an Underwood standard) holds a case-history card in place for even typing of the last few lines. It slips on easily, holds cards up to 8"x13¼".

QUICK MARGINS: This lever sets both. (Smith-Corona.)

TIPS ON

Typewriters

NOTEBOOK PROPPER attached to the front of this machine saves head-turning. This typewriter also has an electric carriage-return. Wider carriages can be interchanged on the same machine. (Paillard.)

LABEL-HOLDER: To hold very small labels in place, this steel-spring clip snaps around the platen. Though made for a Royal, it also fits some others.

TO: *Dr. Howard* FROM: *Doris Greene*
SUBJECT: *That new typewriter we need.*

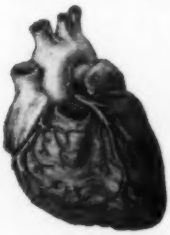
● At your suggestion, I've examined all the new standard, noiseless, and electric machines.

The standard still seems to be the most popular. Although some of my friends have noiseless or electric machines, most of them have never used anything but a standard. With an 11-inch carriage (the size we need), the new standard models cost about $160. The larger ones—for example, those with a 27-inch carriage—cost up to about $275.

Dr. Keller's secretary uses a noiseless model and says she wouldn't use anything else. Which is logical in a neurologist's office, especially in a small one like

These are the results you may expect with ESKEL in ANGINA PECTORIS

Armbrust, C. A., Jr., and Levine, S. A.: Am.J.M.Sc. 220:127	"About 60% of the cases showed improvement, i.e., used fewer nitroglycerin tablets, had fewer and milder attacks of pain and could walk greater distances."
Rosenman, R. H., et al.: J.A.M.A. 143:160	"Of 14 patients with angina pectoris treated with [Eskel] . . . a good response was obtained in 11, moderate improvement in 1 and no effect in 2."
Osher, H. L., and Katz, K. H.: Boston M. Quart. 1:11	"[Eskel] therapy produced definite subjective and objective improvement in 84% of 19 patients with angina pectoris."



ESKEL

the new longer-acting coronary vasodilator for the prophylaxis and treatment of ANGINA PECTORIS

'Eskel' T.M. Reg. U.S. Pat. Off.

Each 'Eskel' tablet contains a natural blend of active principles, chiefly khellin, extracted from the plant Ammi visnaga, equivalent to 40 mg. of crystalline khellin

Smith, Kline & French Laboratories, Philadelphia

theirs. But her machine does have a couple of drawbacks. For one thing, it doesn't make as many good carbon copies as a standard model does. And the keys tend to jam up more often. Her typewriter cost $212.

Personally, I rather like an electric typewriter. It's much faster, of course, and less tiring. Also, it turns out a much neater looking letter.

But even an electric typewriter has its drawbacks. Cost is the big one; the various makes run from about $350 to about $450, depending on carriage size. Noise is another drawback. Most of these models are louder than other types.

Nearly every typewriter I saw featured something different. Which makes me think that whichever model we pick, we'll do well to get it on a trial basis.

Meanwhile, here are some pictures I picked up. They show the more interesting features of the various machines. I've included my comments with each. END

KEY-RELEASE: When separating jammed keys, I usually manage to smudge my fingers and the letter in the typewriter. This pinky key clears the jam-up automatically. In the upper-right corner, the key marked "KMC" (Keyboard Margin Control) sets both margins. (Remington.)

RIBBON-SAVER: On this IBM electric, a solid-color ribbon can be shifted up and down to spread the wear. Royal's electric, like several others, has an underscorer that keeps striking while you hold the key down. One of Underwood's electrics has a silencing hood built in.

A Will Isn't the Only Way

• One of those busy doctors rushed into my office one day and told me he wanted to draw a will. He had only a few minutes, he said, but he knew exactly what he wanted. Keeping his hat on, he gave me instructions: who was to get what personal effects, how much money was to go to each of his relatives and friends. The rest, he said, was to be left in trust for his wife and daughter.

Then he started out.

I stopped him by asking, "How much do you have all together?"

He met the question with a frown. It grew deeper when I reminded him that Uncle Sam was one of his beneficiaries too—in fact the one with first claim. So he sat down, still with his hat on, and gave me a rough idea of what he owned and owed.

I made a quick estimate of his death taxes. Then I pointed out that his plan would leave little for his wife and daughter after the heavy taxes and many bequests to others.

Result: He finally took his hat off, cancelled his other engagements, and stayed two hours. He even came back several times to work out further details of his estate.

The average practitioner is very much like this man. He has done no real planning for his estate. With other people's problems on his mind every day, he gives little time to his own. All he does is to draw a simple will that splits up his estate. It's not much to start with, and after five years it may be obsolete.

He doesn't realize that a will is

---

* *Rene A. Wormser, whose article is the first of a series, combines a busy law practice with teaching, writing, and lecturing to civic and professional groups. He is moderator of the estate-planning course at New York University and author of such books as "Your Will and What Not to Do About It," "Personal Estate Planning in a Changing World," "Theory and Practice of Estate Planning," "The Law," etc. He is senior member of Myles, Wormser and Koch, New York.*

Every diabetic survey emphasizes the startling percentage of unknown diabetics in our population—and increasing longevity is constantly adding to this total.

now, more than ever, professional vigilance is needed....

because a good prognosis in diabetes depends largely on early detection and careful control.

CLINITEST

for urine-sugar analysis

For early detection and careful control of diabetes, thousands of physicians and patients prefer *Clinitest* (Brand) Reagent Tablets for simplicity, speed, accuracy and convenience. *Clinitest* Reagent Tablets give quantitative urine-sugar readings, offering a clinically accurate check in less than one minute.

Clinitest, trademark reg.

Illustrated—*Clinitest* Urine-sugar Analysis Set, Universal Model No. 2155.

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Ames Company of Canada, Ltd., Toronto

only one of the instruments for taking care of his estate and his dependents. He makes insufficient use of gifts in trust, simple gifts, annuities, life insurance, and certain special assets. His timing is bad; he fails to bestow help when it is needed most—which may be *before* his death or long *after* it, not just at the time his will is probated.

To make an estate plan, you need a lawyer. But you can save the lawyer time (and yourself money, therefore) by doing a couple of things beforehand: (1) lining up the essential facts about your estate, (2) arriving at a tentative plan for the lawyer to check. To help you with this, I'm going to ask five questions. They'll carry you through the whole process:

What estate have you to plan with?

For *whom* are you planning?

What do you hope to achieve for each beneficiary, and *why?*

When is the best time to take care of each?

How—in which of several ways—can you best carry out your plans?

What?

Planning is moonshine until you know:

What your *net* estate will amount to;

What you'll have left after taxes and debts;

What adjustments are needed to make your wishes and your assets compatible.

So make a balance sheet to show your lawyer. On the asset side, note the value of such usual items as your

Instruments and equipment
Personal effects
Home and/or office
Other real estate
Life insurance and annuities
Securities; mortgages
Cash and accounts receivable
Interest in business ventures
Notes receivable
Copyrights, royalty rights, patents.

There are other assets you can use in your planning even though they aren't actually part of your estate. List these too. Here are some:

¶ Joint property interests (where you get full title if you survive the other joint owner)

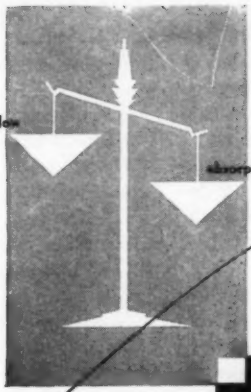
¶ Power of appointment (a right to dispose of someone else's property)

¶ An interest in a trust or an estate

¶ Life insurance not owned by you but related to your estate—such as insurance on your life, owned by your wife.

There may be a legal document setting forth your right or interest in one of your assets. Get a copy of it for the lawyer to see. Don't rely on your own guess as to what it gives you.

In estimating the money value of each of these items, be conservative. If you need any help from experts, get it. (The trust officer of



so adequate

There's a wide safety margin between the amount of menstrual flow* and the absorptive capacity of TAMPAX tampons—a fact strongly substantiated by the purchase of more than two billion TAMPAX in the past twelve years. The comfort and convenience of the three absorbencies of these dainty intravaginal cotton guards (with individual applicators) are also strongly appealing.

*Am. J. Obst. & Gyn., 31:979, 1936.

TAMPAX INCORPORATED • PALMER, MASS.

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

ME-3

TAMPAX

the internal menstrual guard of choice

Your request will bring professional samples promptly.

your bank will be glad to help if he knows you're thinking of making his bank an executor. Or you can call in your accountant.)

At this point you may be ready with a "Wow!—This man wants me to do a week of figuring. I simply haven't time."

But I urge you to stick with it. It won't take as long as it seems. Many of the items listed may not apply to your case. And you can do the job a bit at a time.

Certainly, if you've never made this kind of analysis of your finances, it's high time you did. It may well save part of your estate. It may warn you to make some radical changes in your affairs, for your beneficiaries' sake and your own as well.

Now start another column on the balance sheet, for shrinkage. List amounts needed for

¶ Debts you owe (don't forget installments on the car or that new equipment you bought on time)

¶ Current income taxes

¶ Depreciation of items such as your home, car, and office equipment

¶ Costs of dying (you'll probably get medical service free, but how about hospital and nurses?)

¶ Our friend, the undertaker

¶ Executor and lawyer, who are sure to take cuts out of your estate when you die

¶ Death taxes.

That death-tax shrinkage item may send you again to experts for help. Your estate may be taxed for some types of property you don't actually own. Be careful about these:

¶ Certain joint interests. The whole value of jointly held property is taxed to the estate of the first to die, except the part it can be proved he did not pay for.

¶ Some life insurance. Don't take for granted that any insurance is non-taxable. Have every policy checked.

¶ Certain interests in trusts and estates

¶ Certain powers of appointment

¶ Certain gifts. For instance, if you die within three years of making a sizable gift, the Government suspects it was an effort to duck taxes and will try to tax it anyway.

If you're married, have one estimate of the death taxes figured out straight, and have another one showing the *marital deduction*. This recent boon in the tax law lets you leave up to half your estate to your wife, tax-free, in certain ways. It's up to you to decide whether

HANDTIP

Kindly Light

Now on the market is a handy trouble light that plugs into the cigarette-lighter socket of your car. It has twelve-foot cord and magnetized bulb base that sticks to car body. Price: about $4.

"a unanimous decision"

Eskadiamer tastes good!

Children—and adults—actually like to take Eskadiamer because it is so unusually pleasant tasting . . . and because it is not thick and cloying but light and easy to swallow.

Eskadiamer contains equal parts of sulfadiazine and sulfamerazine—the two safest sulfonamides in general use.

Since Eskadiamer is an aqueous suspension of microcrystalline sulfadiazine and microcrystalline sulfamerazine, desired serum levels are attained much more rapidly than with sulfonamide tablets of equivalent dosage.

Smith, Kline & French Laboratories, Philadelphia

Eskadiamer *the delicious fluid preparation of sulfamerazine and sulfadiazine*

'Eskadiamer' T.M. Reg. U.S. Pat. Off.

Each 5 cc. (one teaspoonful) of ESKADIAMER contains 0.25 Gm. (3.86 gr.) microcrystalline sulfamerazine and 0.25 Gm. (3.86 gr.) microcrystalline sulfadiazine—the dosage equivalent of the standard 0.5 Gm. (7.7 gr.) sulfonamide tablet.

those "certain ways" will suit you.

The death-tax shrinkage is one of the most vital figures in your estate planning. Your executor can't pay death taxes with diamond rings and frozen real estate. He must have cash. Will something have to be liquidated to provide it? What shall it be? What articles of property will be left? You may want to make some major changes in your plans because of these questions.

Perhaps your home is a white elephant and should be sold now. Maybe it's time to dispose of your valuable collection of birds' eggs which may not find a market when you die. Give some thought, likewise, to your unimproved real estate or anything else you own that might be hard to sell after your death.

Who?

Now make a list of the people you want to plan your estate for. Don't try for too many. If you scatter your shots, you may not do justice to your main interests.

Why?

Think about each beneficiary on your list. What does he need that your estate can give him? What would be good for him, and what would be bad?

Money isn't the only answer to these questions. Your estate can be planned to:

Provide a career or education

Provide a home

Continue a business for the benefit of your heirs

Protect someone who is young, old, or handicapped

Protect against weakness of character or reckless spending

Protect against lack of business ability

Help the beneficiary take care of his own dependents.

Keep in mind that helping your beneficiaries to work and earn may be the greatest boon you can give them. Leave room for them to make some choices and changes; otherwise your dreams for them may backfire.

Don't try to rule your estate for too long after your death. Favor plans that maintain the estate's liquid assets. In view of the current inflation, it may be wise to let your beneficiaries get at some principal if they need it.

When?

Don't think that death is the only time to dispose of your estate. There are three times to choose among.

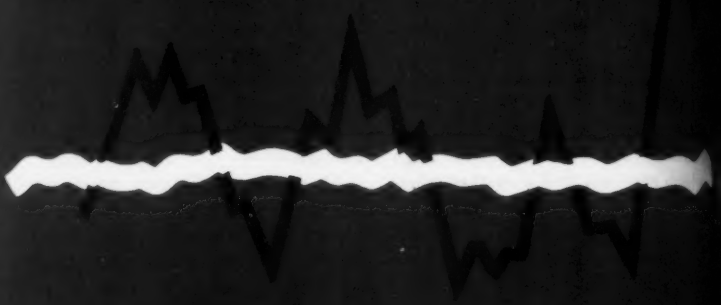
During your life

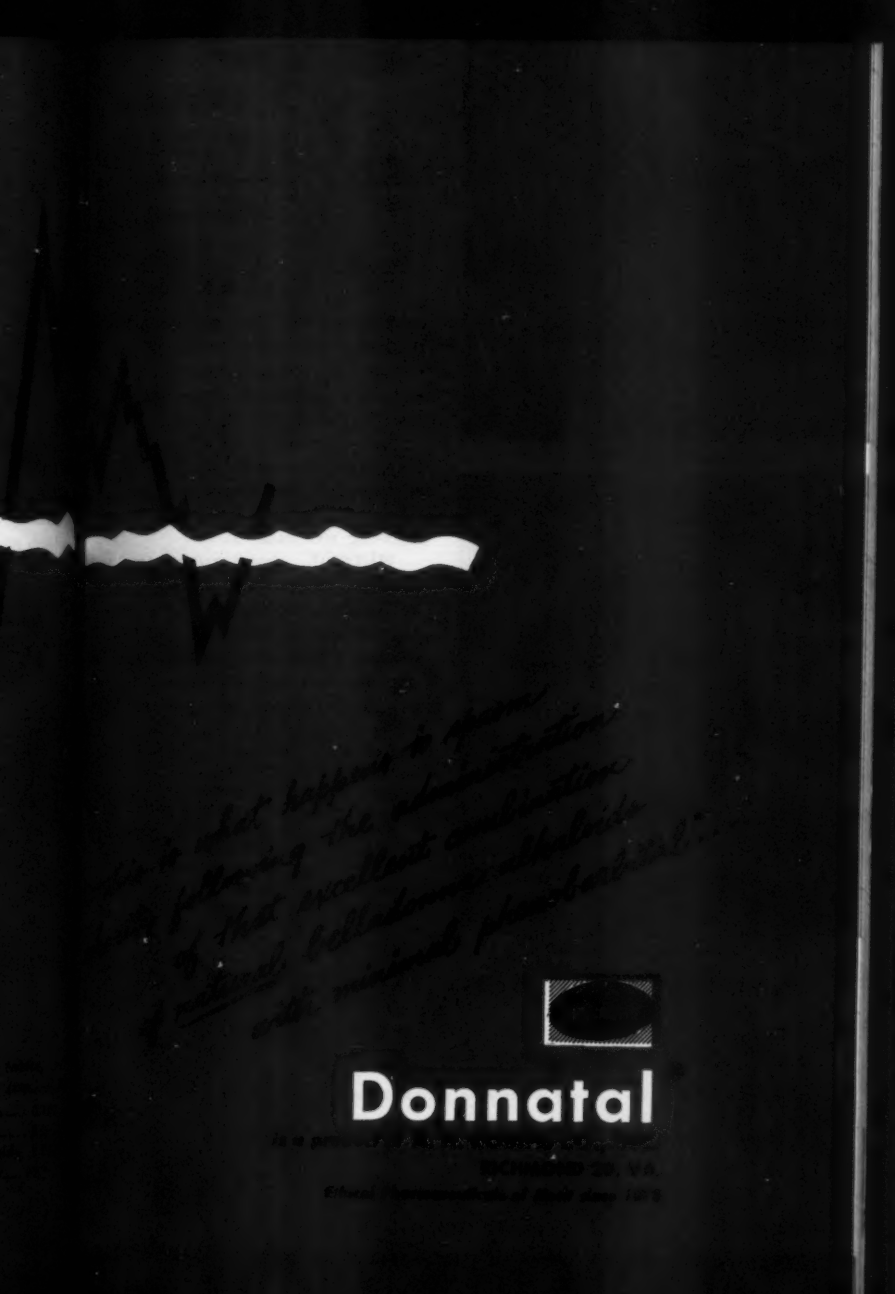
At your death

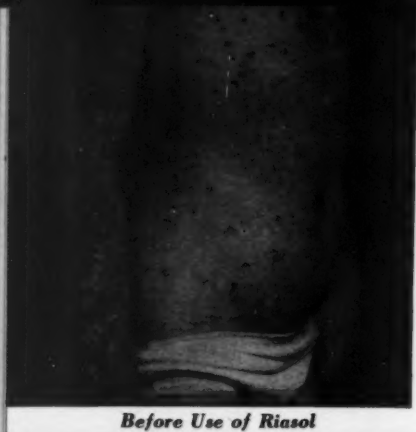
At some postponed time after death.

A gift during your lifetime may appeal to you because it saves taxes. But don't let taxes make you lose sight of what's best for the beneficiary. The money may do him more good in later years.

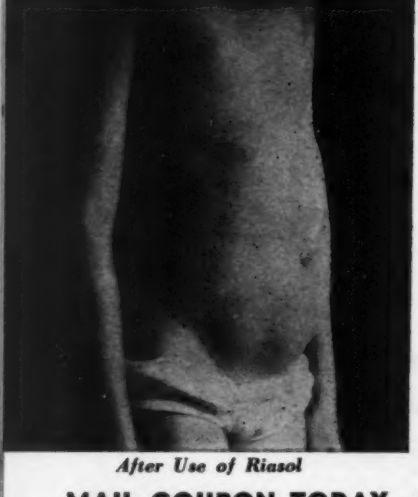
Suppose you support your Cousin Annie. She's living at your house







Before Use of Riasol



After Use of Riasol

EVolution
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INvolution
RIASO

Evolution: **The primary red,**
papules of untreated psoriasis
velop by coalescence into
patches covered with thick,
cated scales.

Involution: **Under treatment**
RIASOL, the patches clear up
the center and then toward the
phery. Finally, discoloration
leaving normal skin.

RIASOL accelerates the
healing process by treating the
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cutaneous lesions of psoriasis
origin. Clinical tests show clearing
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in 76% cases of psoriasis
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and you want to make sure she has a home all her life. Shall you set up a separate home for her now? Shall your will provide a home for her at your death? Maybe you know your wife will look after her. Shall you merely plan for Annie to have a roof over her head after your wife is gone? You have that wide a choice.

How?

Now that you know what you want to do for each person, and when, you're ready to ask the lawyer how. In this article I'll give you only a quick idea of the devices he may suggest. They include

1. The simple gift, made during your life
2. The gift made in trust during your life. (With a trust you can do almost anything.)
3. Annuities and life insurance
4. Your will. (It can make straight hand-outs or set up trusts.)
5. Special assets. (Your medical practice is one. Any business interest you have is another. Either can be aimed at some special purpose.)

Part of the "how" is your private responsibility. You have the job of getting your estate ready for your beneficiaries and getting the beneficiaries ready for the estate. You know how hard it is to make and keep an estate. Will your heirs be able to keep what they get?

Teach your family some economics. I'm not saying teach your wife to be economical; she's already more economical than you, probably. But she may have no idea how to take care of major property when she gets it. And the same may go for your children.

Shall I tell you the unhappy story of the doctor who did without for years, to keep up $100,000 of life insurance for his wife? When he died, she knew nothing about managing like so many women. She put the insurance money into a real estate scheme and lost it all. She was lucky enough to get an office job, which now barely supports her and the two children.

Or the story of the high-powered surgeon who gave his family everything they wanted, up to the hilt of his income? When he died, he left almost nothing, and not one of his dependents was ready to support himself. You've heard plenty of stories like these. Isn't it up to you to avoid being Case #140687109?

Now one final point: Suppose you should die tomorrow. Your secretary could probably piece together some of your affairs. But how much does even she know about your finances? Have you clear records of what you own, what you owe, and what is owed you? Does your executor know you have named him in your will? Does he know where to find records of your property?

The moral is obvious:

Round up the details about your estate without delay. It will help your executor later. It will help you and your lawyer make plans now.

—RENE A. WORMSER

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3	Sodium Citrate	1.2 Gm.

Split Up Annuities and Insurance

The dual-benefit policy looks appealing but may be a poor investment for you

• A physician I knew—call him Dr. Hobbs—took out a $10,000 combined annuity and life insurance policy at age 38. He was a bachelor who wanted a small retirement income after he turned 65. But he also wanted insurance protection for the sake of his unmarried sister. This type policy offered him both benefits in one package.

Unfortunately, he died at 50. His sister got the $10,000 insurance proceeds.

Nothing wrong with that, you say? Not on the face of it. But consider: In twelve years, Dr. Hobbs had paid about $6,000 in premiums. That's more than twice what he'd have paid for an ordinary life policy, and about three times the cost of a term-to-65 policy. Yet the $10,000 pay-off was no greater than the other types of policy would have provided. From the protection standpoint, he had thrown away a good chunk of money.

That's one of several drawbacks to this dual-purpose policy. When such a policy is suggested to you under any of its various names (insurance annuity, retirement endowment, income endowment, etc.), look into it carefully.

Take an example:

Suppose you're a 40-year-old M.D. A typical $10,000 policy of the non-participating (no dividend) type offers you the following:

Your premiums will amount to $809.50 a year for twenty years. When you reach 60, the company will be ready to give you $17,830 in a lump sum.

Or suppose you prefer a lifetime income. Then, for as long as you live after 60, it will pay you $100 a month. And if you should die between 60 and 70, it will pay the $100 a month to your wife or children for the remainder of that ten-year period.

What if you die *before* reaching 60? Then your beneficiary gets at least $10,000—more if the policy has been in effect at least thirteen years. What can you lose?

Before you go for this pitch, a little figuring is in order. Consider,

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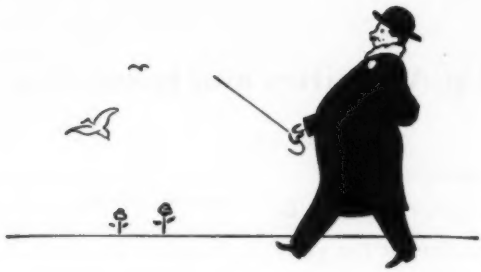
**W. Clifford Klenk, author of this article, is a New York City insurance consultant.*



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Vitamin B_6 (Pyridoxine Hydrochloride)	0.5 mg.
Niacinamide	15 mg.
Calcium Pantothenate	1 mg.
Mixed Tocopherols (Equivalent to 3 mg. of Synthetic Alpha Tocopherol)	4 mg.

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for example, the major weakness of this type policy: Only one of the two benefits can materialize. In short, you're betting two ways with the same premium—that you'll die too soon *and* that you'll live too long. You can't win both pots in this game. Yet you're paying in on each.

Consider another weakness: Suppose your net income takes an unexpected drop and you can't meet the full premium. You will have to forfeit part or all of your protection by taking cash value or a paid-up policy—both at a loss to yourself.

And there's a third weakness: the low rate of return per dollar invested. Suppose at age 40 you take out that combined policy. Suppose you live to age 60, then decide to collect the lump sum. You've paid in a total of $16,190; you collect a total of $17,830. Net gain: only $1,640.

Had you placed the amount of your premium ($809.50) each year in a savings bank at 2 per cent interest (compounded annually) it would have yielded a total of $20,059. Net gain: $3,869. On good securities the yield would have been still greater.

Of course, the combined policy *has* provided twenty years of protection for your family. But you might have bought the same protection for much less in other forms of insurance.

A twenty-year term insurance policy, for example, would have cost you only $152 a year. Had you invested the annual difference ($647.50) in other forms of savings, you'd have received a substantially higher rate of return than the dual-purpose policy brings.

What if you just can't save money except via the premium route? In that case, you will pay a steep price for lack of self-discipline. A separate optional retirement annuity (with no life insurance features) may be the policy for you.

Let's look at one more feature of the combined annuity and life insurance policy: the retirement income (in this case, $100 a month).

Suppose you live to age 70. By then, you've collected $12,000 in monthly checks. But at your death, your family gets nothing; in fact, it loses $5,830 of your savings (the difference between the $17,830 cash value and the $12,000 you've drawn out).

Under such a policy you have to live to about 75 to get the return of your savings (the $17,830 the company would have paid in a lump sum at age 60).

What's the moral of all this? Simply that the combination annuity-life insurance policy has many shortcomings. It's generally more economical to divorce retirement plans from life insurance. Two separate programs—say, an annuity or other savings plan, plus term insurance—often do a better job of meeting the need.

—W. CLIFFORD KLENK

Health Bills Linked to Defense

How Congress views nine major pieces of pending health legislation

• Is it needed for defense?

That's the question Congress is asking about proposed legislation this year. It's also the yardstick by which all health bills—particularly those calling for large outlays of Federal funds—are being measured. Supporters of such bills must be prepared to answer in the affirmative, then present convincing justification of their arguments, if they expect to get anywhere with the 82nd Congress.

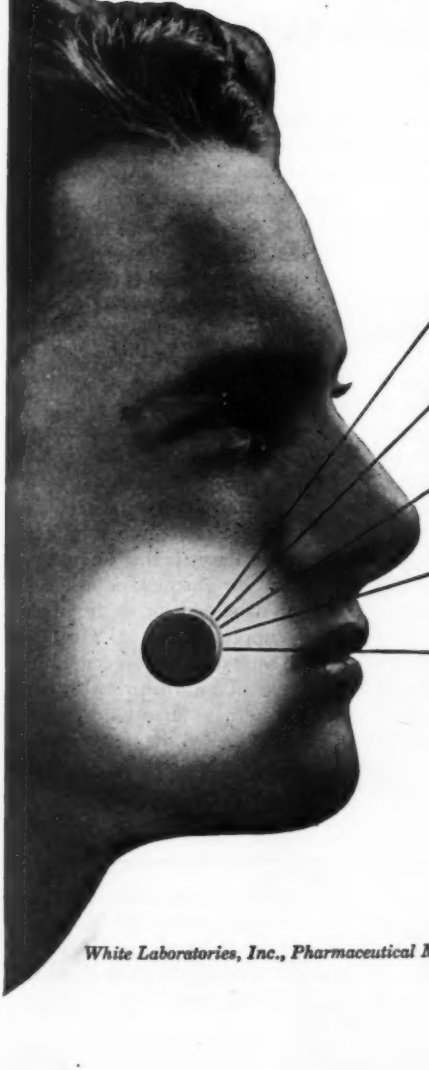
The two major items of national health legislation with the best chances are bills providing (1) Federal aid to medical, dental, and nursing schools; and (2) Federal aid to local public health agencies. In each case, proponents are tying their respective bills in with military and civilian defense. Enactment will depend almost entirely on Congressional evaluation of their arguments.

These arguments, in the one case, are that the country is far short of an adequate supply of physicians, dentists, and nurses; that the output must be stepped up by at least 30 per cent; that both the military and civil populations stand to suffer if this isn't done; and that the solution lies in Federal grants-in-aid. These grants, subsidizing enrollments and making possible the expansion of physical plants, are designed to help the professional schools accept more matriculants without sacrificing standards.

In the other case, champions of Federal aid for local public health systems are exercising every means to convince Congress that civil defense makes such grants imperative. Their thesis is that an atomic, biological, or chemical attack capable of damaging or destroying a water supply system, disrupting normal sanitation, and precipitating outbreaks of communicable diseases would be almost irreparably disastrous to a community lacking a well organized, fully manned public health department.

Opposition by the American

**Gerald G. Gross, who prepared this special article for* MEDICAL ECONOMICS, *edits the weekly newsletter, "Washington Report on the Medical Sciences."*



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Medical Association blocked passage of the medical school legislation in 1950, though it did not prevent Senate approval. In midwinter, the AMA reaffirmed its objections to the idea.

The AMA Stand

But in the matter of public health aid, the AMA's stand has been modified. Meeting early this year in Washington, the association's legislative committee decided that the proposed legislation would not be objectionable if the following changes were made:

1. Provide for an advisory committee to serve as a check, or brake, on the Surgeon General of the U.S. Public Health Service in his allocation of grants and general administration of the program.

2. Provide that in court actions which may ensue as a result of state dissatisfaction with actions of the Surgeon General, the states will come into court with equal stature to the Government's. (The current bill, H.R. 274, stipulates that the Surgeon General's findings of fact shall be conclusive.)

3. Provide that the Surgeon General's sole authority over assistance funds shall be limited to an audit of state's expenditures.

4. Revise the section that defines "basic public health services." Although this section precludes "medical or dental treatment except as necessary for communicable disease control or to meet epidemic or other emergency situations," the AMA feels that the language used is still precariously subject to manipulation.

As in the 81st Congress, the Senate is taking the lead in acting upon Federal aid to medical education and to public health units. Although companion bills are pending in the House, the latter body has been slow to organize its Interstate and Foreign Commerce Committee—the group that screens virtually all general health legislation. Hence the action lag on that side of the Capitol.

What about other health measures pending in Congress? They fall into two categories: Major bills that stand slight chance of enactment, and a volume of minor bills with almost equally slim hopes.

Representatives John Dingell (D., Mich.) and Emanuel Celler (D., N.Y.) have again introduced national health insurance bills. But it is unlikely even that public hearings will be held. The same may be said for another carry-over bill, the plan of Representative Frederic Coudert Jr. (R., N.Y.) for Federal subsidization of school health services.

Prepayment Aid

There's somewhat stronger support for the idea of promoting membership in voluntary prepayment plans by giving income tax credit to subscribers. Typical of these bills is H.R. 483, sponsored by Representative Kenneth Keating (R., N.Y.). Under its provisions, a

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taxpayer whose adjusted gross income was $2,000 or less, and whose premium payments for medical or hospital coverage totaled $50 for the same year, could deduct $45 (90 per cent) from his Federal tax payment. Deductions would be graduated downward, reaching a minimum of 60 per cent on incomes in the $10,000-and-over brackets. The AMA approves.

Employer Exemptions

Other pending legislation would encourage membership in voluntary plans by making employer contributions exempt from withholding taxes and Social Security deductions. At present, fixing of policy in this area is up to the Bureau of Internal Revenue. If it were grounded in statute, employers would be legally authorized to deduct as business expenses such sums as they expend for prepayment health plan coverage of their workers. The employes, in turn, would not have to pay income tax on these benefits.

Both of these ideas would cut appreciably into Government revenues, and Congress at present is primarily interested in fostering the opposite trend. So the outlook for their passage is hardly an optimistic one.

Yet in view of increasing Congressional concern with national health in defense planning—in reducing the draft rejection rate, in reducing absenteeism from production lines—these tax-relief schemes are pretty sure to be given fair hearings on their merits. Their chances of enactment will probably be enhanced if they are broadened to include commercial health coverage plans; otherwise, companies writing such insurance are certain to register strong opposition.

Prodded by the Citizens Committee for the Hoover Report, Congress will again examine the United Medical Administration idea. Such an agency would coordinate practically all of Federal medical care and hospitalization activities—military as well as civilian. The Veterans Administration's huge medical system would be consolidated with the Public Health Service and with the hospital networks (except for overseas facilities) of the Army, Navy, and Air Force.

Arrayed against this proposal are the veterans' organizations, notably the American Legion. The prospective opposition seems too formidable to permit anything but an outside chance that the UMA will squeeze through.

Defense and Dependents

Defense production areas of the country are affected by a pending housing and community facilities bill. It provides, among other things, for Government loans and grants for construction of hospitals. The Public Health Service has urged Congress to give it administrative control over this phase of the building program, the better to integrate it with hospital expansion under the 5-year-old Hill-Burton

Act. All signs point to Capitol Hill's acceding to this request.

Particularly on the House side, there is some sentiment that Government medical and hospital care for dependents of servicemen should be increased. But outlook for passage is anything but bright. For one thing, the AMA is on record against the idea. For another, the armed forces may have their hands full simply providing medical care for active-duty personnel while continuing the present policy of caring for dependents on a catch-as-catch-can basis.

Old Business

Aside from the new legislation now under Congressional scrutiny, there is the important matter of appropriations for existing health functions: support of medical research, hospital expansion under the Hill-Burton program, public health control projects, abatement of communicable diseases, the V.A. home-town program, and such.

Appropriations

Delay in organization of the House Appropriations Committee, which must act upon these budgetary requests before the Senate does, has set back the timetable for 1951. Hearings on these appropriations are now under way. But it may be late summer before anyone knows just how much will be available in 1951-1952 for these existing health programs financed out of Federal funds.

In sum, prospects are dim for most new health legislation. The only major bills likely to pass are those Congress becomes convinced are germane to our national defense effort. —GERALD G. GROSS

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Spotlight on the Student AMA

Closer ties between medical students and practicing physicians seen in SAMA

• The gap separating embryo doctors from organized medicine has never had a real bridge. That's why practicing physicians are keeping a peeled eye on the new Student American Medical Association. Since its organizational meeting in Chicago last December, local chapters have been taking shape on at least forty-eight campuses. Next December, the SAMA will hold its first annual convention.

What issues and projects will the SAMA tackle? Mostly down-to-earth ones: interne placement, Selective Service status, how to finance new office equipment, what the new M.D. should know about voluntary health insurance. SAMA committees are already at work on several such problems.

What does all this mean to the M.D. who's left his student days behind? For one thing, it means that his new colleagues may well be better indoctrinated in organizational medicine and in the profession's practical problems. Another likely result is closer rapport between young doctors and older ones.

To help build this rapport, each local chapter will have an advisory committee of established practitioners. It will include men from the county and state medical societies; two medical school faculty members; and the medical school dean.

Apron Strings

Nationally, the SAMA will interlock with the AMA. The student group will send two of its members to the AMA House of Delegates. The AMA, in turn, will have three "senior councilors" on the SAMA executive council.

The AMA is also furnishing headquarters space in Chicago and an executive secretary. Leo E. Brown, former public relations director of the medical society of Pennsylvania, has been named to this job. Among other things, he'll help the SAMA set up its own journal. Until this materializes, the student association will use space in the Journal AMA.

The fact that the AMA underwrote the students' Chicago convention made some of the forty-eight delegates wonder about the risk of AMA domination. Was this

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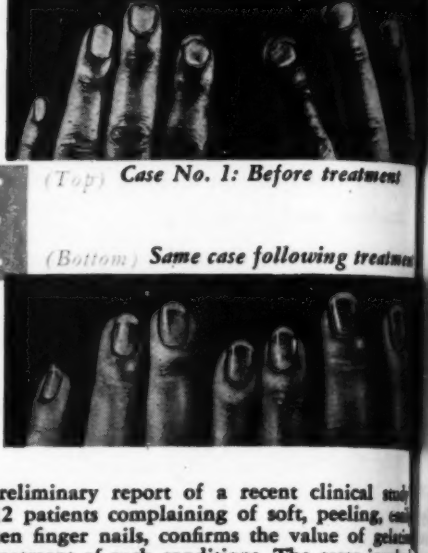

(Top) *Case No. 1: Before treatment*

(Bottom) *Same case following treatment*

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1. Tyson, T.L., M.D.; *J.I. Invest. Derm.*; 14. No. 5 May 1950.

KNOX Gelatine U.S.P.

just another organization set up on the spur of the moment to help fight socialized medicine?

By convention's end, most such doubts had evaporated. Said one student delegate: "I can't diagnose any selfish motives on the part of the AMA. As I see it, we're free to run our show the way we choose."

Having set the organization on its feet, the students elected officers. Warren R. Mullen of the University of Michigan Medical School had served as chairman of the publication committee of the constitutional convention; he became president. Harry W. Sandberg, active in the student society at the University of Illinois College of Medicine, was elected vice president. David Buchanan of the University of South Dakota School of Medical Sciences took over as treasurer.

The constitution was unanimously adopted. Among its provisions:

¶ Each local student medical society, before admission to the SAMA, must have a membership of at least one-fourth the student body, or eighty-five students, whichever is smaller. The school itself must be on the AMA-approved list.

¶ Internes may be admitted at the discretion of each local society.

¶ No local society shall refuse membership because of race, religion, color, or sex.

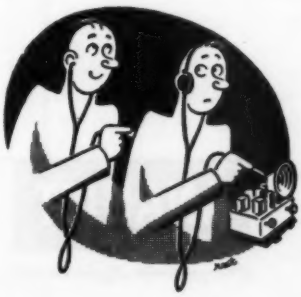
¶ The SAMA executive council may levy dues on each local society, after approval of the house of delegates (composed of one representative from each society). Initially, dues have been fixed at $1 per student member.

Only competitor to the SAMA is the Association of Internes and Medical Students, which held its sixteenth annual convention in Washington while the SAMA was being organized in Chicago.

Although AIMS claims a membership of 2,000 students and house-staff physicians in some fifty schools and hospitals, its star seems to be setting. Its convention was poorly attended. Its journal, The Interne, recently ceased publication. Last June the AMA House of Delegates refused support to AIMS and labeled the group "left-wing."

Will the SAMA be more successful than AIMS? The answer depends on the vigor of its local societies, on their willingness to grapple with real issues.

Meanwhile, judging from its Chicago convention, the SAMA is off to a good start. Said one AMA officer: "If this is a sample of the doctors being graduated today, we don't have to worry about the profession's future leadership." END



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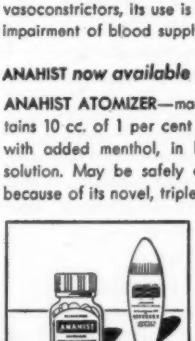

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British Doctors Sizing Up New Boss

Can't be worse than Bevan, they say. Yet no markedly improved NHS is expected

• Health Minister Hilary Marquand is bound to be an improvement over his predecessor. That's what British M.D.'s were telling each other early this year, as Marquand took over from Aneurin Bevan. But many still had their fingers crossed over the prospect of any basic benefits from the change.

Like the truculent 'Nye,' Marquand is a Welshman. Unlike him, he is neither a demagogue nor a trade unionist. Sixteen years ago he was known as a brilliant student of history and economics at Cardiff University. He was visiting professor of economics at the University of Wisconsin in 1938-39. Since then, as Secretary for Overseas Trade and latterly as Minister of Pensions, he has been a somewhat inconspicuous academic.

The Health Ministry he accedes to has been cut in half; housing, which became a national scandal under Bevan's mismanagement, has been transferred to another agency. Marquand is thus responsible for little else than administration of the National Health Service.

His probable instructions: to cut expenditures drastically and make peace with the medical profession.

He has found doctors ready to meet him more than half way. Says Dr. Reginald Hale-White, of the Fellowship for Freedom in Medicine: "If only the new minister will listen to the voice of the profession . . . if only he will treat us with honesty instead of treachery . . . he will find a change of heart in a profession at present disillusioned and frustrated."

Tall Order

Says the British Medical Journal: "Doctors will, we believe, be prepared to work with him in an attempt to solve the enormous problems ahead so long as he deals with the profession as a body of responsible persons . . . Mr. Marquand's first task is to secure a contented profession . . ."

Can he do it? Probably not; certainly not within the near future.

Cost of the NHS is now running

**The above article, completed as this issue went to press, is based on a special report from* MEDICAL ECONOMICS' *London correspondents.*

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at $1.4 billion a year—$28 for every man, woman, and child in the country. Biggest waste spending is on hospitals. British G.P.'s say this would be cut sharply if they were given time and freedom to do their work properly.

They claim, too, that substantial savings on drugs would result if they were allowed to prescribe as they saw fit.

But will Marquand bring an open mind to these problems? Not enough is yet known about him to answer that—nor whether he has the personality and integrity of purpose to impose his decisions on the Cabinet.

Aneurin's Still Around

Remember that Bevan, kicked upstairs to the Ministry of Labor and National Service, is still the dominant Cabinet figure. He has a large following throughout the country among the ignorant and under-privileged; once again he topped the poll at the last election of the Labor Party Council. He's the leader of that faction of the party which opposes any sharp reduction in Socialist benefits—despite the national need for rearmament. He's for butter and a lavish National Health Service ahead of guns.

What reforms Marquand can accomplish, and has the will to accomplish, may yet depend on Bevan. That's assuming the Labor Government is to finish out the year in office—about a fifty-fifty proposition. END

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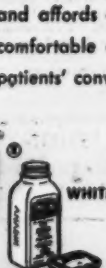

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Insurance Cues for the Service-Bound

Nine types of policy you should check, change, or cancel to save money

• If there's a chance you'll be tapped for military service in the months ahead, here's a tip: Save some time for rearranging the insurance policies you'll leave behind.

Some you can drop as useless. On others you can claim reduced premiums. Nearly all are worth a double-check in the light of your impending status. For example:

1. *Malpractice insurance.* Keep it up. Military M.D.'s are still liable. But some companies reduce premiums 50 per cent while the insured is in service. How about yours?

A *locum tenens*—in case you're appointing one—raises special problems under this heading. If he's insured, you're in the clear. If he's not insured and does not have the status of an employe or agent of yours, you're still clear. But if he *is* working for you and isn't insured, notify your company and have him covered too—for a premium increase of up to 50 per cent.

2. *Life insurance.* Few companies are still issuing policies without war clauses. But if you had National Service Life Insurance in World War II and let it lapse, consider reinstating it. It's the best you can buy.

Look into the matter of your disability clause (and double indemnity too, if you have it). They do not apply if death or disability is caused by an act of war. Some may not even apply if death or disability occurs while you're in service. So why pay for them? Ask your company about suspension of the disability clause (no coverage, no premium, but reinstatement available when you get out). And consider canceling your double indemnity (which can be reinstated later if you want it and if you suffer no physical impairment).

If You Can't Afford It

While in service, will you find it difficult to meet your total premiums? If so, you can reduce them. Either (a) turn your life coverage into extended term insurance, if it has cash value, or (b) take a paid-up policy for a smaller amount. It

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* *W. Clifford Klenk, author of this article, is a New York City insurance consultant.*


Because patients ca

can later be restored to its original status by taking a new medical examination and paying the back premiums.

In any case, arrange to pay premiums annually. Semi-annual payments come to 3 per cent more a year. And to guard against lapsing, arrange for an automatic premium loan. This authorizes the company to dip into the cash value of your policy to collect any due premium that may have been missed accidentally. (The loan is repayable whenever you like at 5 to 6 per cent interest.)

3. *Automobile insurance.* Planning to store your car? Then cancel your collision and liability insurance (but keep your fire and theft coverage). If your family intends to use the car, liability and collision premiums can still be reduced since the car won't be used professionally.

4. *Fire insurance.* You won't, of course, want to insure the away-from-home office you no longer use. Therefore have the policy changed to cover your office equipment in storage.

5. *Professional instrument floater.* Cancel it—unless you take certain favorite instruments with you into service.

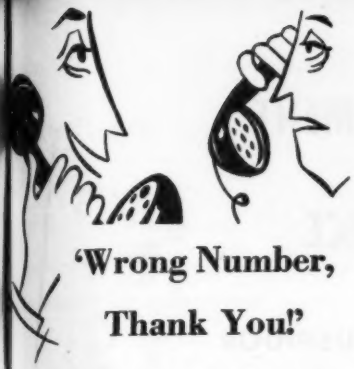
6. *Owner's or tenant's liability insurance.* Closing the office in your home? Drop the professional occupancy liability clause, if you have one, and get a rate reduction on the policy. Closing a rented office away from home? Simply cancel the policy and get a premium refund.

7. *Burglary and theft insurance.* Take the same action specified for owner's or tenant's liability coverage.

8. *Health and accident insurance.* You may want to maintain this, since your policy may protect you in case of disabilities or accidents of a non-military nature—even though you're in service. Some older policies are much broader than many post-war ones; so if you have such a policy and don't want to keep paying the premiums, ask about suspending instead of canceling it.

9. *Personal property floater.* Keep it. It will cover you and your immediate family for losses and damages except those caused by war. END

"You should be in bed, Miss Feeny. *Yes indeed*—you should be in bed!"



'Wrong Number, Thank You!'

• That first year in the new office can be a hard one—especially if one's marriage to the banker's daughter did not come off. More often than not, the wolf on the welcome mat will be a better subject for vittles than for vivisection.

Money—I mean cash money, not promises and "I'll do the same for you sometime, Doc"—is the best possible antispasmodic for the cramps and ulcers that come from worrying about the grocery bill. Yet how often has the buzzing of the phone aroused hope—only to turn out a wrong number?

But enough of remorse! Turn those wrong numbers into patients! Listen:

Scene I. Phone rings.

YOU: "Hello?" (Use voice pitched about one-half tone above B flat.)

CALLER: "Is this police department? (Very excited)

YOU: "Ummn—rguah." (Get rid of that B flat and shift into the gruff bass of the police desk.)

CALLER: "My wife she just now broke leg, I need doctor."

YOU: "Ummn—rguah." (Now grunt tonelessly.) "Address?"

CALLER: "We live at 210 Gramcy. The insurance policy it say to always call police in case of accident."

YOU: "Right away, SIR! Right away!" (The insurance policy clarifies the whole thing. You'll have no trouble collecting the bill. And you can call the police from 210 Gramcy later.)

Scene II. Phone rings.

"Joe? This is Pete."

"Ummn—rguah." (Now an experienced ummn—rguah)

"Twenty across on Broken Legs at Pimlico."

(Stall . . . and think)

"Joe, d'ja hear me?"

"Broke my pencil, Pete. (Good delaying action; allows time to map strategy)

"Listen, Joe, post time is 2:25."

"Uh—huh . . . But say, Pete, your voice is different. Got a cold?"

"Get that pencil sharpened, Joe. Post time is . . ."

"Broke it again . . . You know, Pete, cancer sometimes starts in the throat—especially when you're under nervous strain. Do you smoke a lot? . . . Oh, yes twenty across."

"Yeah. Twenty across . . . You say cancer?"

"Yes, cancer. Betting horses *is* nerve-racking, you know."

"Gee, Pete, maybe ya' got somethin'. D'ya know a good Doc?"

"Sure! Doc Mickelfan in the Durham Building. Complete physical for only twenty-across . . . I mean sixty bucks." —HERB R. ADAMS

Medicine's Neglected Control Lever

Why and in what ways the profession's ethical code needs to be reinforced

● For more than six years, the Administration has been introducing one compulsory medical insurance bill after another. Against such proposals, the medical profession has advanced private medical-care insurance as a panacea. Though they agree on little else, both sides apparently assume that who pays the doctor's bill is the only question troubling relations between the medical profession and the public.

As a practicing physician, I must dissent. Who pays the doctor's bill is not the only question, or even the chief one.

While both society and the medical profession have been going through rapid evolutions, there persist in the individual patient certain unchanging needs. The proponents of state medicine and the American Medical Association rightly recognize that *one* of these is the patient's need to have his economic relations with his physician on a sound basis. But they err if they suppose that it is the *only* one.

Insofar as other and deeper

Dr. Mary B. Spahr, author of this thoughtful analysis, is an active pediatrician in Ithaca, N.Y., and an accomplished after-hours writer. This article approximates one she wrote originally for The Yale Review.

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needs of the patient have been neglected, the relations between the public and the profession are in a bad way. For insurance, whether compulsory or voluntary, will neither satisfy very many of these needs nor quiet forlorn gropings for the old-time doctor-patient relationship.

Toward Better Medicine

For a remedy we must look to two other kinds of action: re-education of the public in the matter of what it expects from the profession, and (more important) leadership in the medical profession itself of a sort that recognizes the necessity of bridging the gap between modern society and modern medicine—and of bridging it in such a way that none of the basic needs of the patient will be neglected.

To see something of how the public's relation to the medical profession has altered in the last century, we need to think of only one invention: the telephone. In the days before the telephone, the physician, unless he had an apprentice, was on call any hour of the day, any day of the year. Yet both farmers and industrial workers had long hours of work and were considerate of the doctor's burdens.

They had to be. In order to call him out, they had to hitch up and go for him, and sometimes fetch him to and fro. It was as much trouble—or more—for the patient to get the doctor as it was for the doctor to go to the patient, and trivial calls were screened out.

Often these same messengers decided the order of the doctor's visits. As several waited for him and discussed their relatives' symptoms, they might reach a general agreement on the comparative urgency of the calls. Joe might say to the doctor, "Yes, I was here first, but John's wife is much sicker than mine; go there first. We can wait." Because they understood the needs of others, they did not carp at inevitable delays.

The Good Old Days

Those happy practitioners in pre-telephone days could not have had the appreciable percentage of spurious calls every modern doctor receives. The pace of life was slower, and old Dobbin could be trusted to bring a sleeping doctor home. And the extra women—grandmothers, maiden aunts, and widowed sisters—had not yet found jobs for themselves. There was always someone about the doctor's house to advise inquirers as to how long they must wait or to take messages.

When the members of a community *were* members of a community, when the lack of impersonal means of communication forced them to understand the needs of others and to share the doctor's services equally, medical costs were no problem.

Each doctor was a self-contained insurance system. He charged his patients according to their means, accepting payment in kind or no payment at all. He gave free serv-

Chemically Standardized Veratrum Viride Is Effective in Hypertension

Much has been written pro and con about the value of veratrum viride in hypertension. For many years the drug has been in disrepute because of the fact that the preparations available on the market have been prepared by "hit or miss" methods.

Chemical standardization of veratrum viride, however, has provided in this drug a highly effective agent for the treatment of hypertensive patients.

Sollmann[1] states that veratrum is probably the most active and reliable cardiac depressant and that its use serves to slow and soften the pulse and lower the blood pressure.

Willson & Smith[2] state that veratrum viride possesses a vasodilating effect and because of this, it was demonstrated by Hite,[3] and Freis and Stanton,[4] that the drug lowered pressure in hypertension and gave symptomatic relief. Recent research tends to show that the decrease in blood pressure results more from peripheral vasodilation than from depression of cardiac output.

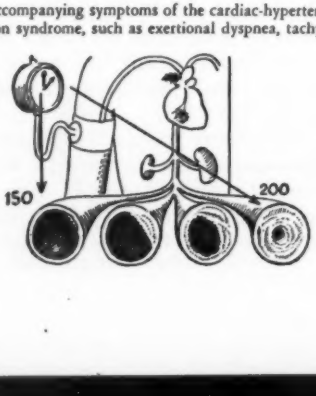
Uniformity of Action

When the veratrum alkaloids are chemically standardized, a uniform result can be expected. Their action usually causes a reflex fall in blood pressure and heart rate which originates in the afferent vagus nerve endings in the myocardium of the left ventricle and in the lungs. Although these factors ordinarily result with each heart beat, the veratrum alkaloids cause them to act continuously over prolonged periods of time. Reports have shown that 80 to 90 per cent of hypertensive patients respond to therapy when chemically standardized veratrum viride is used.

Cardio-Vascular Symptoms Cleared

In addition to the lowered pressure, objective signs of improvement may be observed, such as the clearing of retinal hemorrhages, diminution in cardiac size and reversal of left ventricular strain patterns in electrocardiograms.

Accompanying symptoms of the cardiac-hypertension syndrome, such as exertional dyspnea, tachycardia, nervous irritability, headache, are relieved. Yet, while the results of veratrum viride medication are prolonged, the drug may not afford quick relief.



Role of the Nitrites

For prompt and effective fall in blood pressure, nitroglycerin, which acts in one to two minutes, is the drug of choice. It acts rapidly and, because of its powerful vasodilatory action, gives the patient almost immediate relief. The action of nitroglycerin, however, is fleeting and to sustain lowered pressure between the action of nitroglycerin and veratrum viride, an intermediate is necessary.

To this end, sodium nitrite is used. This drug is also a vasodilator and affords sustaining relief until the long range action of chemically standardized veratrum viride becomes effective.

Importance of Sedation

Nearly all cases of hypertension require sedation for allaying periods of anxiety and affording the patient a good night's rest. Mild sedation is often useful, especially in cases associated with chronic coronary insufficiency.[5] It is well known that excitement may induce anginal attacks and in such cases, phenobarbital, because of its prolonged action, should be used.

All of these drugs, chemically standardized veratrum viride, nitroglycerin, sodium nitrite, and phenobarbital are to be found in Capsules RAY-TROTE IMPROVED, prepared by the Raymer Pharmacal Company of Philadelphia, Pa. Each capsule contains

Phenobarbital	15 mg.
Sodium Nitrite	30 mg.
Nitroglycerin	0.25 mg.

With the equivalent of Veratrum Viride Tincture 4 minims (containing 0.1% alkaloids)

RAY-TROTE IMPROVED is effective in dosages of one capsule every three hours. It is contraindicated when renal insufficiency is present, or if pulse becomes abnormally slow following treatment.

For the 30% of hypertensive patients with capillary fault, the above formula, with 20 mg. of Rutin added, is available in RAY-TROTE with Rutin.

Bibliography

1. Sollmann: A Manual of Pharmacology, W. B. Saunders Co. (1942).
2. Willson & Smith: J. Pharmacol., 79:208 (1943).
3. Hite: Ill. M. J., 90:336 (1946).
4. Freis & Stanton: Am. Heart J., 36:723 (1948).
5. Falk: South. M. J., 40:501 (1947).

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ice so quietly and tactfully that there was no rebellion against the "stigma of charity"; modern social workers and hospital admitting officers would do well if they could penetrate his secrets and imitate him.

No Collection Problems

If need be, the doctor could collect a dilatory account from the butcher by running up an equivalent bill for meat. But in general it sufficed that the doctor was responsible for the health of the village and the village was responsible for the livelihood of the doctor, and neither pressed the other for payment.

The telephone has revolutionized not only the method of summoning the doctor, but it has also brought about a drastic change in home care. No longer does the doctor who has undertaken a case stop in regularly every day or two to say: "Stick out your tongue, little girl. Farther. Farther. Farther. Well, well, well!" and go on about his rounds, leaving the family assured that he has the case in hand and is doing the worrying.

Instead, except in critical illnesses, the telephone is a normal medium of follow-up visits. The patient welcomes the financial savings made possible by telephoning his progress reports. But sharing the doctor's responsibility may worry him so much that it will actually delay his recovery.

Even if he harries the doctor by telephone and gets all the piecemeal reassurance he can, the patient is still aware of a loss and, while he gropes for his wavering trust in the doctor, blames this same doctor for his failure to improve.

If, at this point, he is removed to the hospital, he may recover quickly with the "same treatment." The treatment is the same—except that the *whole* burden has been shifted to the doctor for the duration. At the hospital, daily professional visits are a matter of routine, involving a daily dose of the "good bedside manner," which is, in the last analysis, the doctor's undivided attention and obvious concern.

Of course, no one supposes that we could solve our medical problems by ripping out all telephones, or that medical care was better before the triumph of Alexander Graham Bell. As a matter of fact, a century ago standards of medical education were low and mortality rates were high. But the telephone serves as a dramatic example of the way in which changes in our way of living have affected the relations between the public and the doctor.

Antisepsis and Telephones

The medical profession has altered just as much as our way of living. The same decade (the 1870's) that saw the first telephone also ushered in the Golden Age of Surgery, with Lister's discovery of antisepsis. Surgery meant hospitals and nurses' training schools.

Though there had long been hos-

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*From analysis of symptomatic relief in 118 cases treated with Pyridium. Kirwin, T. J., Lowsley, O. S., and Manning, J., Effects of Pyridium in certain urogenital infections, *Am. J. Surg.* 62: 330-335, December 1943.

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pitals for the indigent and homeless in the larger cities, only a small proportion of the population lived in cities. Contemporary accounts of hospital conditions explain why allowing a relative to go to a hospital showed "lack of family feeling." In the village, the doctor was the source of all medical care. There were no trained nurses, and he instructed the womenfolk of the family in nursing the patient.

Surgery, together with the many other developments in the care of the sick, has also led to professional specialization. In 1927, when approved residencies in specialties were first listed, there were 1,776 such residencies; in 1942, still only 5,293; this year there are 18,669.

These figures show how specialization has increased. But they do not show how increasing specialization has altered the profession, both in its internal relations and in its relation to the public.

The Double Standard

Actually, there has grown up in the profession a double standard of behavior and responsibility, and in the public a double standard of expectation and regard.

On the one hand, there is the specialist who restricts his office hours and who is tacitly excused from carrying the case beyond the chosen limits of his interest and his chosen hours of work.

He is admired by his patients for his leisure, as an evidence of his success, and held in awe for his very inaccessibility. If caught by an emergency, they may feel abandoned until they can find someone forced by pity to help them out; but once the substitute is secured, they are likely to treat him as an inferior, an underling who owes service both to the specialist's ease and to their own distress.

On the other hand, there is the general practitioner who is censured if he fails to answer a call at any time, whatever the other demands on him may be.

More Science, Less Art

The same enormous increase in our knowledge of how to care for the sick which has given rise to specialization has tended to stress scientific treatment at the expense of the art of medicine.

On every call the doctor feels that he must do something tangible —make a test or give a treatment that he is ready to explain to the patient. Laboratory tests and radiological examinations have come to outweigh, in the eyes of laymen and doctors alike, the diagnostic acumen of the experienced practitioner, who feels himself a bit of a quack if he treats an illness he cannot "prove" and gives non-specific treatment.

Yet the patient feels a lack. Even the new drugs have lowered mortality and morbidity rates without parallel increase in patient-satisfaction, for the patients find the best physical care inadequate when they themselves have degenerated in the

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scientific doctors' hands from loyal dependents into mere cases.

While these and other changes have taken place in the profession, the individual patient continues to need what he has always needed: a reliable, responsible doctor to look after his health on a round-the-clock, through-the-year basis; to see him through illnesses not only with scientific treatment but also with that human sympathy which is now called "psychosomatic support"; to act as a trusted liaison officer when he must consult a specialist; to come to him in emergencies or send a qualified substitute; and to present him a reasonable bill that is within his means to pay.

The proponents of state medicine and the American Medical Association say that insurance is the best means of reconciling these needs with existing conditions. This seems doubtful. For one thing, 69 million people in this country are already reported to be enrolled in private insurance company and medical society plans for the payment of hospital and medical expenses; yet a good many of them still feel gaps in the medical care they receive.

As for the doctor's bill itself: The portion of the population most concerned is the economic middle class, a very large group in America. Presumably, the rich can take care of their bills. The urban poor are looked after by the clinics rather as they would be under state medicine.

The economic middle class, in most cases, can pay their medical bills and are willing to do so, *if* those bills are equitable and adjusted to their means. It is when these bills become staggering totals, with hospital bills added to specialists' bills added to attending physicians' bills, that men and women of moderate means are understandably overcome.

If insurance won't do the job, what will? *In my opinion, only a fundamental reform in medical ethics.*

The official custodian of medical ethics in this country is the American Medical Association. Though everyone assumes that the AMA has great power, not everyone knows either the source or limitations of that power. The association rules through "The Principles of Medical Ethics" and the allegiance of its members to those principles.

The AMA has no legal authority to deprive a doctor of his license; it cannot even expel him from his local medical society. Neither does

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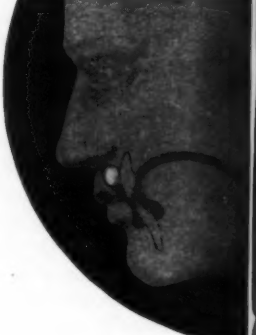

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1. Finkler, R. S.: J. Clin. Endocrinol. *7*:293,1947
2. Lisser, H.: Northwest Med. *49*:949, 1947
3. Tyler, E. T.: J. A. M. A. *139*:9, 1949
4. Escamilla, R. F.: Am. Pract. *3*:425, 1949

the association control the hospitals, though as recently as 1929 it declared itself—apparently without dissent—the natural authority on hospital standards.

Actually, hospital standards are maintained by the American College of Surgeons. The college undertook in 1918 to inspect and pass upon hospitals and to offer suggestions for improvement. This service was so useful in raising standards that hospitals sought it eagerly and undertook extensive programs to win the coveted approval of the college.

So much has been accomplished that a steadily increasing number of hospitals are "approved." In thirty-one years the program has embraced over 70,000 individual inspections, on which the college has generously expended some two million dollars of its own funds.

The college is a private organization; on the basis of merit alone, its standards have become the official standards of such organizations as the Workmen's Compensation Boards and various insurance carriers. Even when the new "wonder drugs" led to a marked increase in the number of medical—as opposed to surgical—patients, the power of the College of Surgeons was nevertheless augmented. The drugs could often be more safely and conveniently administered in a hospital than at home.

The boom in insured patients roughly coincided with the era of the new drugs, and hospital insurance companies relied on the College of Surgeons. A hospital connection is very nearly essential to a medical practitioner; at present, any doctor's hospital appointment is much more important to him than his membership in the AMA.

Control of Ethics

The association, then, controls neither the licensing of physicians nor the hospitals in which they do a large part of their work. What it does control is the ethical principles by which their work is guided.

Now, medical ethics is no nebulous tradition, but a written and accessible code with a history of more than two thousand years behind it. So satisfactorily did Greek physicians rule themselves by the guidance of Hippocrates that their own country enacted no laws to control the practice of medicine. Later, in the days of the Roman Empire, the Greek physicians maintained their own professional standards even though they were the slaves of their Roman patients. Only when the impending fall of Rome relaxed community morals did Antoninus Pius attempt to bolster his tottering empire by a short-lived state medicine.

During the succeeding centuries, through the rise and fall of governments and civilizations, the Hippocratic Oath and its insistence on character persisted as the basis for medical conduct.

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blind us to another characteristic of medical ethics: its flexibility.

The first national code prepared in this country (drawn up in 1847 and largely based on the code prepared by the English physician Sir Thomas Percival half a century earlier) has been repeatedly revised in detail as social conditions have made such revisions necessary.

For instance, one provision long regarded as a cornerstone of the profession, the sliding scale of fees, goes back far beyond the Hippocratic Oath to the oldest code of laws in the world, the Code of Hammurabi, in 2250 B.C. Thus, for more than four thousand years, physicians were proud to care for all the suffering without regard to recompense.

But with the depression of the Thirties came a change. In 1934 the American Medical Association altered the paragraph on contract practice in "The Principle of Medical Ethics" in such a way as to open the door to medical insurance plans and to make thoroughly respectable the receipt of fees from welfare agencies.

Though in fact merely accepting a *fait accompli*, since county medical societies had been negotiating agreements with public agencies for the care of the indigent for more than five years, the association undoubtedly allowed the prestige of the profession to suffer by condoning the practice. But at that time the oversupply of physicians was so great that less than half were estimated to be earning a fair living; there were proposals afoot to cut the enrollment in medical schools; and "welfare" payments for relief clients were virtually essential to keep physicians in depressed areas.

Revised Ethics Code

The last revision of "The Principles of Medical Ethics" became public in 1949. Most of the changes are minor. There is a new anti-discrimination paragraph, which merely puts in writing the age-old attitude of all true physicians. There is a new provision that giving out educational information to the public is not *per se* unethical. There is a provision that it is unethical to consult with a sectarian or cultist ("One who alleges to follow or in his practice follows a dogma, tenet or principle based on the authority of its promulgator"; presumably this would forbid consultation with a Sister Kenny, for instance). The provisions concerning contract practice are still further broadened in response to the growth of medical insurance plans.

There is one change of potential importance. "Incompetence" in a member of the profession is now listed with "corruption" and "dishonesty" as cause for exposure "without fear or favor." Definition of incompetence is lacking. Is the word used in its legal sense, or might it mean unfitness for grave responsibility? If the latter, is a man who restricts his practice to office work but takes charge of a case

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that may require care in the patient's home incompetent if he fails to arrange for house calls? Is it incompetence to enjoy leisure hours without arranging for a substitute?

In the code of 1949 there is still no discussion of hospital practice or ethics. There is no real recognition of the effects of specialization on the profession, so that the code is still built upon that old pillar of the profession, "the attending physician" or "physician-in-charge," although that support is often lacking today. In many parts of the country, the preponderance of specialists makes it unrealistic for the "Principles of Medical Ethics" to assume that there is always a general man at hand to act as liaison officer among the specialists and to represent the patient at their conferences.

To those members of both the public and the profession who had hoped to find an affirmative program which showed that the profession was ahead of its critics, the revision of 1949 was a disappointment. Patients loyal to their own physicians and unwilling to vote them into a bureaucracy were forced to wonder if the AMA has played out its meager repertory in the lone suggestion of increased voluntary health insurance.

A good deal can be said in defense of the limited revision. Already under fire from political critics, the Judicial Council of the AMA may have felt that this was not the time to suggest that any reform was needed from within, since such a suggestion might well have exposed another flank to political attack. Further, the higher echelons of the AMA are composed—rather naturally—of very successful physicians and medical school professors engaged in advancing medical knowledge.

Very successful physicians see the rich in their offices and the poor in the clinics and they know that both groups receive excellent care. With the patient from the economic middle class they have little or no contact, though it is often this patient who has the most reason to complain under present conditions, and almost certainly it is this patient who will decide the fate of state medicine.

A Weakening AMA

Finally, it may have been felt the AMA no longer had the power or prestige to exact the utmost from its members. The acceptance of payment by public agencies for the care of the indigent, whatever the economic and social pressure, meant for the doctors themselves, and for the public, a surrender of prestige and public trust; and the American College of Surgeons was in the driver's seat in the hospitals.

So far as the hospitals are concerned, there is already a struggle for control there. For a number of years the American Hospital Association has wished to take over the program of hospital inspection, which the College of Surgeons has

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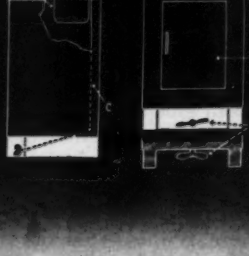

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found an increasing financial burden. This past autumn, when the AMA heard that preparations for transfer of the program were under way, it protested in an article in its Journal that the American Hospital Association proposed to create its own nation-wide hospital approval program, through a commission dominated by non-members of the medical profession. The article declared that the hospitals "now want to extend further their control over medical practices and superimpose lay judgment on professional knowledge and ability . . . There seemed to be little doubt that at least some voices in the American Hospital Association wanted their association to be 'plaintiff, judge, and jury' in any standardization program."

While a reappraisal of the relationship between the doctors and the hospitals could be most beneficial, I believe it would be very unwise to relinquish control of hospital standards, particularly in the field of medical ethics, to administrators who are not members of the medical profession.

The present situation is not ideal. I grant that the American College of Surgeons has done an excellent job when the job badly needed doing. But I believe that there are serious drawbacks to having one branch of the profession dominate the institutions where *all* branches do an increasingly large proportion of their work.

At present, the only provisions set down for ethical practice in the hospitals are those of the College of Surgeons' inspection and approval program. But at least the College of Surgeons is guided by the principles of ethics of the American Medical Association. There could hardly fail to be a lowering of standards were the control of ethics shared by outsiders, as members of a profession have long been known to set higher ideals for themselves than they will allow anyone else to dictate.

It is worth considering some changes that might be made if the standards of hospital practice were in the hands of the profession as a whole—in other words, to suggest some matters which might be included in a section on hospital practice in "The Principles of Medical Ethics":

The first is the question of division of fees: the economic relations between the specialist and the general practitioner. Since no other single issue has done so much to set one member of the profession against another or to confuse and

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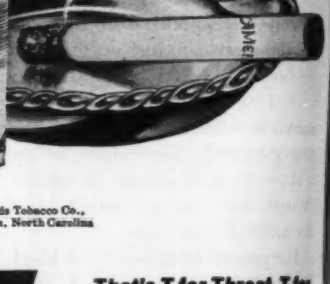

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exasperate the public, this problem is worth detailed study.

It received its first and last thorough treatment in the version of "The Principles of Medical Ethics" prepared in 1912. Here two forms of sharing fees were recognized: the secret commission, which is bribery, and the open sharing of fees for services jointly rendered, permitting a single bill for a single illness.

Fee-Spliting

In 1929 this judicious analysis of the subject was replaced by a bald prohibition against "giving or receiving commissions under any guise or pretext whatsoever." Except for recognition of the group clinic as an ethical form of medical practice in 1934, this prohibition remains in force today and is a real obstacle to reasonable total bills.

One kind of difficulty that occasioned the 1929 prohibition of *any* fee-sharing can be made clear by a probable instance, involving Dr. A and Dr. B, both surgeons, and Dr. Jones, a general practitioner. Any resemblance between these gentlemen and any doctor living or dead in the places where I have practiced is inevitable, for they exist in every community.

Dr. A's career had followed the older pattern; after ten years of general practice, he had two years of specialization in Europe. When he returned to begin his practice as a surgeon, he resumed his custom of working up his own cases for operation. Consequently, when Dr. Jones, the general practitioner, telephoned that he was referring a case of appendicitis, Dr. A took over. To express his appreciation and to reassure his patient, he called in Dr. Jones as a consultant, thereby treating him as an equal. He expected, correctly, that the medical consultant's fee would be paid cheerfully.

Dr. B's career, on the other hand, had followed the modern pattern of going directly from the medical school to an interneship and then to a long residency in his specialty in hospitals where the house staff in other branches took care of everything but the surgery itself. When Dr. B went into practice in the same hospital as Dr. A, a hospital without internes, he did not change his ways.

Work for G.P.'s

When Dr. Jones referred a similar case of appendicitis to Dr. B, the general practitioner found himself making the hospital arrangements, doing the work-up and the paper work (tasks for the non-existent interne, in Dr. B's eyes), and following the case carefully from day to day, because Dr. B was too awesome for the family to ask *him* for reassurance and explanations.

Then, because Dr. B had treated Dr. Jones as a menial and had assured the family that his own fee covered "everything," Dr. Jones felt certain that the patient would resent a bill from him. Seeing no rea-

son, however, for acting as Dr. B's unpaid assistant, he may well have demanded a good share of the surgeon's fee, as was permissible—did the patient but know of the arrangement—under the 1912 code.

When the outraged Dr. B reported this to Dr. A, the latter, knowing only of his own minimal demands on the referring physician, was shocked and collaborated with Dr. B in putting Dr. Jones in his place. The possibilities of multiplying such misunderstandings must have been almost limitless. Beside, cases of actual bribery were reported.

The resultant 1929 rule against all commissions was made the more stringent in its interpretation by the College of Surgeons. Today every staff member of an approved hospital must take a pledge to render a separate bill and issue a separate receipt in every case (except those handled by a group clinic or by a doctor and his salaried assistant).

It would be a step conducive to harmony within the profession and comforting to the public if the present bald prohibition of commissions were replaced by the thoughtful provision of 1912, distinguishing between legitimate division of fees for services jointly rendered and secret commissions or bribes. A combined and prorated statement for a single illness would do much to accommodate the total to the patient's means, as the doctor best acquainted with the patient could then censor the charges of the other doctors.

It is unlikely that there would be immediate agreement as to fair total bills and division among participating doctors, when some differ so sharply from others in their exactions. But a certain amount of disagreement would be preferable to the *status quo*.

Perhaps the participating doctors would agree that bills for hospitalized patients should be handled through the hospital and those for outside patients through a committee of the county medical society.

A Hospital Sets the Fee

In Boston, the Baker Memorial of the Massachusetts General Hospital for twenty years has been proving it practicable to present "the patient of moderate means" a single equable bill. The hospital sets the total for the care of all the participating doctors and arranges for the sharing of that total.

Another aspect of the relation between the hospitals and the medical profession which needs re-examination is the role of the hospitals in medical education. At present the hospitals are so constituted as to emphasize specialization at the cost of general practice, in spite of social needs and in spite of the preference of many medical undergraduates. But this may not be the only way in which hospitals unduly influence medical education.

There is, for instance, a widespread belief that medical schools

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should be expanded to remedy the shortage of physicians. But discussions of the shortage fail to mention the nearly 24,000 physicians in hospital interneships and residencies. It is possible that medical graduates serve many of their best years largely for the convenience of hospitals, years that might be better spent in working in the world outside.

Everyone wants a well-trained doctor, of course. But there has been no appraisal of the relative value of extra years in the shelter of the hospital as compared with on-the-job training. Hospitals would have to be disarranged if they were to broaden the education of their house staffs for general practice and to reduce the years of interneship and residency for the young physician. But such disarrangement might very well have social consequences so valuable as to be more than worth the trouble.

Doctors Without Hospitals

Still another problem that should be considered in a new code of ethics is the relation between a hospital and the physicians in the community who are not on its staff. Young and well-trained physicians often suffer from lack of hospital connections; the AMA could work with local citizens to provide impartial guidance for staff appointments.

Another difficulty frequently encountered, especially in larger hospitals, is that patients who are hospitalized where their referring physicians are not staff members are likely to feel the lack of psychosomatic support. An ethical provision for the referring physician to make semi-social calls on the patient, under the aegis of the staff physician-in-charge, might be useful.

The situation is not hopeless. There are numerous local attempts of varying significance to solve the problems of medical service.

Many observers have advanced the group clinic as a panacea for medical friction. But its notable success in diagnostic problems has probably won for it a fame which, while deserved, is out of proportion to the small number (2 per cent) of physicians practicing in groups. Quick organization of the remaining 98 per cent of physicians in group clinics is out of the question, when members of a clinic require compatibility of ideals as well as training.

Further, it is yet to be proved that the sum of all the parts (that is, a group of doctors each of whom is interested in one of the body systems) equals the whole: one doctor interested in the patient as an entity. More important, 42.5 per cent of our people live in villages of 2,500 or less, and group clinics cannot serve efficiently as the only form of rural practice.

Other innovations, perhaps better suited than group clinics to widespread application, are being tried:

In several places county societies have set up complaint committees

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to investigate and adjust patients' claims of overcharging and neglect. The most ambitious plan for improved medical service—that of California's Alameda County Medical Society—combines a rotating panel of physicians available for emergency service, a telephone-answering service, and a complaint committee. It promises necessary medical service to the entire community regardless of ability to pay and claims to "urbanize the country doctor" by assuming group responsibility for the city in the same way one loyal doctor assumes responsibility for the village.

In many other communities, more limited programs of rotating panels and medical telephone exchanges are in operation. But solution of the problems of medical care on a nation-wide scale still eludes us.

For insurance and telephone exchanges and all the rest are mechanical aids—aids very welcome and useful if they are geared to the patient's needs. *The only lever which will gear medicine to social needs is ethical.*

The idea that this is a matter of concern only to the profession is a mistake. The public is the court of last appeal; public support of the ethical practitioner, and that alone, has enabled the tradition of the Hippocratic Oath to outlast empires.

Laymen gave the American College of Surgeons its pre-eminence in the hospitals. Lay hospital boards invite the college's inspections. Lay-controlled hospital insurance companies and workmen's compensation boards and many other agencies recognize the approval of the American College of Surgeons as the standard for their clients.

No vital change in medical practice as a whole can be made without the enlightened championship of the people. With such support, the whole medical profession could set the goals of medical reform.

To sum up, it is premature to concentrate on costs and methods of payment when there is no agreement as to what is to be purchased: what is soul-satisfying medical care? It is futile to bargain over the price of the bread of health, while none shows concern for its ingredients. Is this bread to nourish the people, or will it turn to dust and ashes in their mouths?

Does good medical care consist of so many house calls, so many hospital days, so much laboratory work, and so many X-ray examinations? Or does it mean so many people healed, and so many comforted, honestly subtracting from the total those left in mental distress after relief of their physical ills?

What does it profit to bring the whole world of medical science within reach of all, if medicine has lost its soul? —MARY B. SPAHR, M.D.

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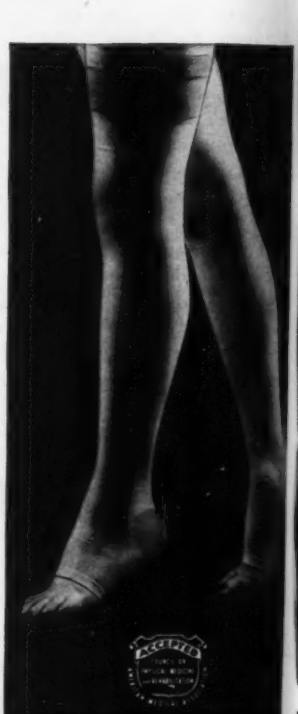

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How You Can Foster the Prepay Plans

Helping your patients to understand health insurance

• What's the most pressing danger now facing American medicine? Not the inevitable spread of wartime Government controls, says Dr. Carl F. Vohs, president of Missouri Medical Service. Rather, "internal inertia"—failure of the profession to promote voluntary health insurance aggressively.

"Every doctor who remains at home," says Dr. Vohs, "will find himself under a heavy burden of work. He will be so busy caring for his patients and making up for the services of colleagues in uniform that it will be difficult for him to keep in mind the critical [health insurance] problem of our profession."

Medicine's prime goal this year and next is, of course, to offer proof positive that voluntary plans can meet the nation's health needs. Can this challenge be met on the national and state level?

Not as well as at the grass roots, says Dr. Vohs: "This is a *local* problem. It will not be solved unless every doctor and every county society work to extend voluntary health insurance to the point where it provides adequate protection for the overwhelming majority of the American people."

How can every physician do his bit to put across the voluntary plans? Speaking at the recent Medical Public Relations Conference in Cleveland, Dr. Vohs offered some down-to-earth cues:

¶ Know what local health policies provide—and, equally important, what they *don't* provide. Learn the facts about limitations on full-service benefits, waiting periods, and exclusions.

¶ Make a point of explaining these features to enrolled patients *before* they require service. Here, for example, is how you might set them straight on pre-existing conditions: "Suppose a man joins Blue Shield knowing he has a hernia that needs attention. That's an obvious, pre-existing condition. When he has that hernia repaired a few weeks later, his new contract probably won't cover it. And it shouldn't—not in fairness to you and the other subscribers. If even one person in ten joined simply to collect immediate benefits—well, imagine how that would boost premium rates."

¶ Set your fees realistically—so that moderate-income patients are

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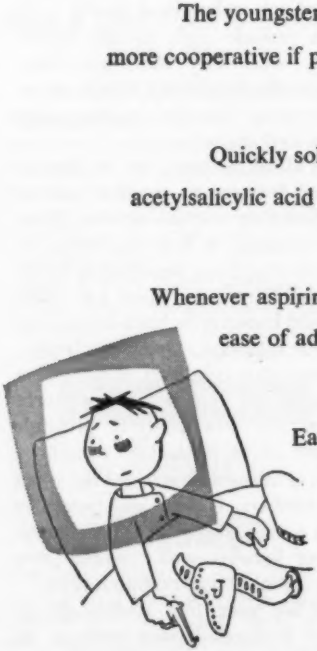

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substantially covered by their health insurance policies. "It is important," says Dr. Vohs, "that subscribers receive protection commensurate with their need."

¶ Make prompt, accurate reports to the insurance company. "Success of the voluntary plans," Dr. Vohs points out, "depends in large measure on the efficiency with which claims are submitted and processed."

Acting collectively as well as individually, doctors can help in other ways. Dr. Vohs suggests a few tasks that need to be tackled through the medical society:

¶ Modify those portions of health policies that cause dissatisfaction. This means (1) keeping "fine print" to a minimum; (2) reducing restrictions on coverage of pre-existing conditions; and (3) providing full benefits in every case where consistent with sound management.

¶ Iron out confusion over what constitutes hospital service and what medical service. Are certain diagnostic procedures the province of the doctor or of the hospital? What about anesthesia?

¶ Urge that local health policies clear up the matter of privileged communications. As things stand now, some policies provide that the subscriber waives these rights; other policies don't even mention them. In the latter case, doctors may find it difficult to fill out reports candidly.

¶ Make sure that nearly all the plan's income goes back to subscribers in benefits—as it should. And if the plan is well established, support a move to (1) enroll individual subscribers, (2) offer catastrophic coverage.

What does all this add up to? A practical promotion program for voluntary insurance. Says Dr. Vohs: "If both the economic job and the public relations job are well done on the county level, we shall succeed in our objective to enroll 90 per cent of the American people. But in every community, the first responsibility must rest with individual medical men." END

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• The doctor's 8-year-old daughter answered the door bell. No, her daddy wasn't in, she informed the caller. "He's at the hospital, doing an appendectomy."

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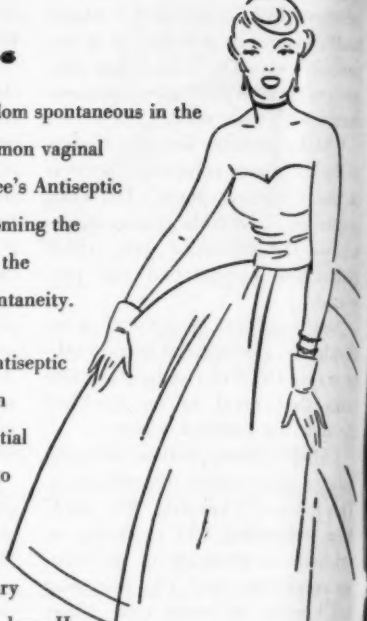

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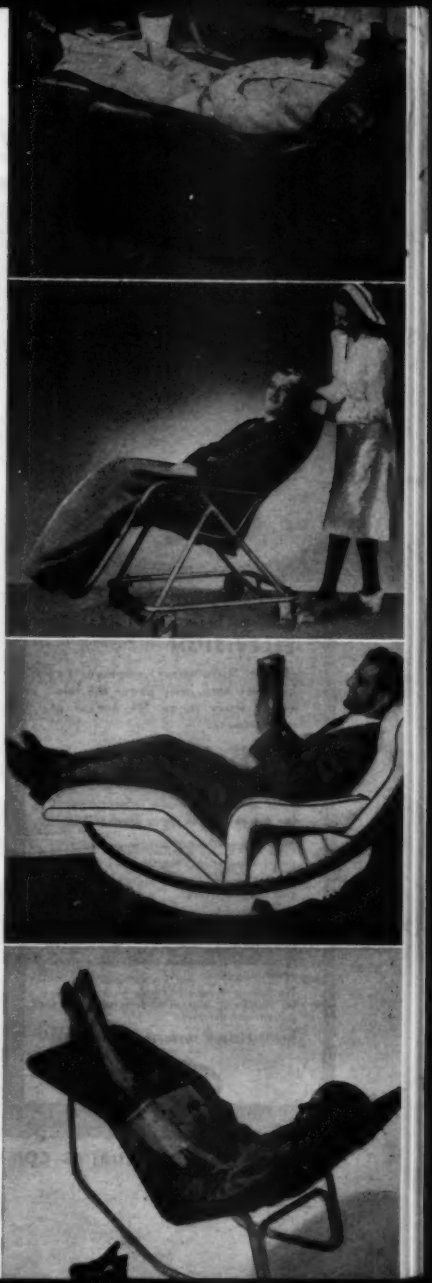

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What I Learned About Interviewing

How one man caught on to the knack of talking with his patients instead of at them

• It was my Uncle Ben who set me straight. He's been thirty years in practice, and people in his home town swear they get a lift the moment they step into his office. Not long ago, one of his neighbors told me: "You feel better as soon as he talks to you. In fact, you feel better as soon as he *listens* to you."

It occurred to me that I could stand a little of that kind of word-of-mouth myself. So when Uncle Ben dropped into my office for a visit the other day, I finally got around to asking him about his interviewing technique.

"Technique?" he snorted. "I don't have any. What makes you ask?"

"Well," I said, "take the three new patients I saw this morning. I had a certain amount of trouble setting them at ease and getting the information I wanted from them. In fact, I had lots of trouble. Maybe you can tell me where I went wrong."

The suggestion must have roused his interest. When I went over to my desk and picked up the three patients' case history cards, he plucked them out of my hand and said: "Well, let's see how you handled these. This man Mason, for instance. When he walked into your consultation room, what was the first thing you said?"

I thought a moment. "Well, as I remember it, I said 'Good morning.' And then I asked him about his chief complaint."

"Why?"

"Isn't that where a case history begins? Right up at the top of the card it says, CHIEF COMPLAINT."

The Personal Approach

"Yes, Joe, but this isn't a case—at least not yet. It's a flesh-and-blood person. Let's see: His name is Mason. Chances are, he's related to the Masons who live over by the lake. Remember the beautiful sailboat they used to own? I think *I'd* lead off by saying something like 'Good morning, Mr. Mason. Are you by any chance related to the sailing Masons—the ones who used to nose me out every year in the Labor Day regatta at Crystal Lake? . . .'"

"What if he says no?"

"Well, then, he's likely to tell me who he *is* related to: or at least

where he's from. That makes an equally good springboard."

"But this man has dizzy spells, Uncle Ben. Do you think he really wants to waste time on small talk?"

Interested in Patients?

"What he really wants, Joe, is for his doctor to take a personal interest in him. Small talk, as you call it, is one of the best ways of building up this sort of rapport. Once you find out interesting things about your patient, you automatically get interested in *him*—not just in his medical record."

"You make it sound easier than it really is. Suppose the patient's name and address simply don't ring any bells. What then?"

"Well, one of the best jumping-off points is the patient's occupation. I see this man Mason lists his employer as the Davey Company. Could it be he's one of those tree surgeons? I can't imagine a more interesting way to spend five minutes than finding out more about the work they do."

"You're beginning to make me think I start my consultations too abruptly. But sooner or later, you've got to get around to that chief complaint. And small talk doesn't help then."

"No, it doesn't. But the way your questions are worded counts for a lot. What was the first thing you asked this man Mason?"

"Well, I said: 'What seems to be your trouble, Mr. Mason?' And darned if he didn't answer, 'That's what I came to you to find out!' "

"They've been doing it for years," Uncle Ben said with a chuckle. "You can usually avoid that sort of response by changing your lead-off question to 'What may I do for you?' Or even 'How can I help you?' It's more likely to get the patient started on the right track. Now, how *did* you find out about Mason's dizzy spells?"

"He told me he was bothered by high blood pressure. So I still didn't have his chief complaint. I asked him how he knew he had high blood pressure. He said another doctor had told him. I finally got off *that* merry-go-round when he volunteered the information that he'd gone to the previous doctor because of dizzy spells.

"Then everything went along all right for a few questions—until I had a diagnostic inspiration. He was a ruddy-complexioned man,

and I thought of a possible alcoholic factor. So I asked him whether he drank a lot."

"And he resented it?"

"He flushed and said: 'Why, do I look like a souse, Doctor? Then *I* flushed and beat a hasty retreat.

Still, I think the question was a fair one."

Drink, Sex and V.D.

"It was. But there are three sets of questions you have to approach from the flank: alcohol, sex habits, venereal disease. For instance, it never embarrasses anyone if you ask how much coffee he drinks. After that, it seems natural to ask about alcohol.

"You can sound a person out on venereal disease the same way. With gonorrhea, the approach would be: sleeping habits first; then whether he gets up at night to urinate; then whether it burns. As for a possible syphilis history, I always ask first about premarital or preemployment blood tests."

"Well, after examining Mason, I started to write a prescription for phenobarbital. I explained it was a drug that would . . ."

"Hold everything, Joe. You don't use the word 'drug' in talking to patients. At least *I* don't. A drug, to the layman, is a habit-forming narcotic. You give him a pill, a tablet, some medicine—or, if you want to sound fancy, some medication. But a drug, never."

"Maybe you're right. He *did* ask me if I was giving him some dope. I assured him it wasn't anything like that. I said it would calm him down, lower his blood pressure. But he seemed to resent that, too."

"I think I know why. That phrase 'calm down' is apt to connote a top-blowing episode. It's better simply to explain that the tablet will help take the edge off any nervousness he may have. That might not be entirely acceptable to a pharmacologist, but it's comforting to the patient."

At this point, Uncle Ben picked up the case history card for my second new patient of the morning. Some detail caught his eye, and he said: "This little girl's head injury—how did you explain that to her mother?"

"Funny thing, there. I told her that she had no reason to worry—that it was just a mild concussion. But the mother was all for calling in a brain specialist. Just for a mild concussion!"

"About what I expected," said Uncle Ben. "To us, of course, the word, 'concussion' means a transient period of interrupted consciousness and a complete restoration of function. But to the patient, the word often conjures up images of punch-drunk fighters or even threatened insanity. Many laymen actually think a concussion of the brain is the same as a fracture of the skull. Save that word for reports to insurance companies. Just tell the patient he was shaken up a bit."

"And what if he *does* have a fractured skull?" [*Turn page*]

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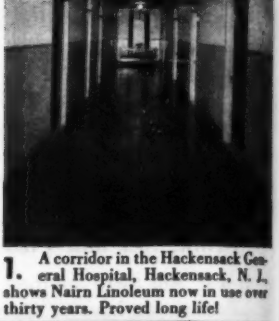

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"Even more reason for not alarming him. I usually say something like 'There's a small crack in the cranium, but it will heal. Fortunately the brain wasn't touched—escaped damage completely.' "

"Well now, Uncle Ben, let me ask you about my third new patient—the toughest one of all. You don't even have to look at the case history. It's a common situation: the patient needs a major operation but won't consent to the idea. I simply couldn't sell him on the need for it. Any suggestions?"

Flattery, Anticipation

"About the only thing you can do," he replied slowly, "is to fall back on two of the best-known principles of salesmanship: Flatter the person's intelligence and anticipate his objections. Something like this:

" 'Mr. Jones, I could promise you that the prescription I've given you will work a miracle. I could tell you to go home and stop worrying. But you're too intelligent to believe it. So I'll lay my cards on the table and say frankly that, while this prescription will help you temporarily, an operation is your only hope for permanent relief.' "

"Sounds good to me," I said as Uncle Ben slipped on his topcoat. "In fact, I'll give it a try."

At the door, he thought of something else. "You asked me about interviewing technique," he said. Don't know as I'd call it that; but there is one basic rule. Good interviewing depends more than anything else on the right frame of mind.

"Even a raised eyebrow may mean to the patient, 'I'm a busy man—make it snappy.' Or 'Do you mean to say you stayed home from work just because of *this*?' The only safeguard is not to think such thoughts.

The Proper Attitude

"Start with the assumption that the patient is sincere, that his troubles are genuine, that he came to you for a personal kind of help. If you consistently make this assumption, you soon feel that way. And if you really feel that way, you'll soon find your interviews running smooth as silk."

All of a sudden, I realized that Uncle Ben had been giving me a first-rate demonstration of exactly what he meant.

—JOSEPH ROBINSON, M.D.

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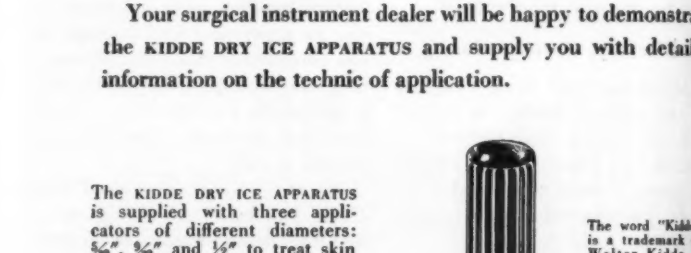

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The Newsvane

Emergency Takes Hex Off Osteopaths

"Osteopaths must be worked into the defense program. During an extreme emergency, their status must be on a par with that of the M.D." So says Dr. Paul D. Foster, secretary-treasurer of the Los Angeles County Medical Association, urging a bigger role for D.O.'s in civil defense.

Dr. Foster recognizes that casualties among medical men would appreciably reduce the number available after a raid. A blast near the Wilshire Medical Building during office hours, he estimates, would wipe out 75 per cent of the M.D.'s in Los Angeles. Hence his current concern with osteopathic replacements.

In Wisconsin, meanwhile, the ethics of M.D.-D.O. relations are being brought up to date. The state medical society has been brooding about what's proper when the physician's path crosses the osteopath's. Should the doctor of medicine consent to see patients in osteopathic hospitals, in consultation with osteopaths holding unlimited license?

The society gives this answer: "Only in dire emergencies. Once the emergency is satisfied, the M.D. should withdraw from the case." If the patient "expresses the desire to have the doctor continue in charge," the patient must agree to be transferred to another hospital.

Suppose one of the physician's own patients is taken to an osteopathic hospital in an emergency. Then, says the Wisconsin Society, "the M.D. should treat the patient under these circumstances for the duration of the emergency."

Multiphasic Tests Show Thousands Need Care

Results are still being tabulated for another big experiment in multiphasic examinations, but already 50,000 Georgians have been alerted to their need for medical or dental care.

Atlanta was the center of this massive testing project. Nearly ¾ million people were processed. Federal, state, and local health departments cooperated to set up a dozen examining stations. They handled an average of 3,000 people a day for nearly three months. Tests run off included blood sugar determination; serologic test for syphilis; chest X-ray; hemoglobin test; and mouth, teeth, and gum check.

Nearly 10 per cent of those

tested were positive reactors to the serologic test. More than 5 per cent were referred to their own physicians for investigation of possible anemic conditions; 3 per cent for diabetic, 1 per cent for heart, and nearly 1 per cent for TB possibilities. One person out of every five was warned to go to a dentist.

Patients Come Before Taxes, Says Court

Is a doctor ever too busy to file income-tax estimates and amended declarations? The Treasury Department men don't think so—and they're usually upheld by the courts. But recently a U.S. Court of Appeals exonerated a physician who had been accused of fraud for failing to file amended returns during several war years. Ruled the court: The first duty of the overworked doctor had been to take care of his patients—even if this meant shoving Uncle Sam's tax forms into the background.

Here's a recap of the case, as reported by Robert S. Holzman, adjunct professor of finance at New York University:

During World War II, Dr. Frank M. Wiseley, found himself one of eleven practicing physicians in Findlay, Ohio (pop. 22,000). Fourteen other colleagues had gone to war. As a result, he was obliged to work fourteen to sixteen hours a day, seven days a week. He often saw as many as eighty-five patients a day; once the total hit 120.

For office help, he had an overworked nurse who doubled as receptionist and technician. She also tried to keep his books and records—chiefly on Sundays and in the evenings. Finally she collapsed from overwork.

Dr. Wiseley knew his books were in bad shape. He'd filed income tax estimates for each of the years 1942-1945, but he knew he'd be in trouble unless he could prepare amended returns. Finally he got help from the president of an industrial corporation. After a full examination of the records, he filed his amended returns and paid additional taxes of about $44,000.

The Bureau of Internal Revenue tried to assess a fraud penalty. In Tax Court, the T-men were upheld. When Dr. Wiseley appealed the decision, however, the Court of Appeals found no proof that he'd had any fraudulent intent.

"The picture before us," said the court, "is that of a very busy doctor's office in wartime. His first duty was to his patients. It is not unreasonable to think that his personal affairs underwent a most severe strain."

Eat Your Cake and Deduct It Too

Another scrap between a doctor and an Internal Revenue agent has been brought to light in San Francisco. The practitioner was being given a routine non-fraud check. The T-man pounced on deductions

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for entertainment expenses. Put up proof or pay up, he said.

The physician promptly broke out his records. He was able to show (1) *diary entries*—actual dates and costs of entertainment, names of guests; (2) *office records*—names of the same guests who had later come in as patients, or who had referred patients to him. With the professional connection thus proved, the deductions were okayed.

Stymied on this angle, the investigator tried another. How about those deductions for expenses incurred through membership in a civic club? They were out, he said, unless—

The happy ending, as reported by the American College of Radiology: "Records further indicated that after joining the civic club, the physician had received referred work from other physician-members of the club. The examining officer allowed the deductions."

Prepayment Spreading To More Unions

Since 1948, when the National Labor Relations Board ruled that group health insurance was a legitimate subject for collective bargaining, the unions have been chalking up big gains in this field. More than 7½ million union members now are participating in prepay schemes that have been negotiated through collective bargaining. That's twice the number covered only three years ago.

Among all union benefits of the insurance type, life insurance ranks first. Then comes hospitalization insurance, followed by plans for medical care.

When the Bureau of Labor Statistics surveyed such prepay plans among industrial workers recently, it found that nearly half of those participating were CIO-affiliated. About one-third the covered workers belonged to the AFL; the rest were members of independent unions.

Why Doctor Draftees Flunk Their Physicals

All physicians under 50 now have a personal stake in procurement policies of the Defense Department. These days, if one area fails to induct its quota, other areas must dig deeper and make up the deficiency. So any reports of induction-ducking are sure to get everybody stirred up.

First big hullabaloo has already sounded in Washington, D.C. It concerned the Priority I men, educated at Government expense during World War II and exposed to less than ninety days' service. The first ones called up, it seems, were flunking their physical exams at an astounding rate.

Out of a sample thirty-five young physicians called, sixteen were rejected; that's 45 per cent. In the entire Second Army Area (the District of Columbia plus seven surrounding states) rejections of doc-

tors for reasons of health ran around 25 to 30 per cent.

These figures raised many an eyebrow—especially when compared with the rejection rate for nonmedical draftees (15-17 per cent). To make matters worse, a batch of reserve medical officers—older men than the Priority I's—sailed through the same physicals with a rejection rate of only 10 per cent.

Why were so many Priority I men being returned to civilian practice? Indignation soon spilled into print. Said the Washington Post: "No official is willing to suggest publicly what the trouble might be. But privately some of the authorities object to the present arrangement under which the draft-liable doctors are given their pre-induction exams by other civilian doctors."

This hint of collusion brought a quick retort from Dr. Richard L. Meiling, chairman of the Armed Forces Medical Policy Council, who labeled it "a dastardly statement." Rejections made by civilian examiners are always subject to review by military men, he pointed out. His own explanation of the area's out-of-line rejection rate was unsensational. The Navy and the Air Force must have skimmed off the cream, he thought, so that the medical men left for the Army to call up included a higher proportion of the unfit.

The AMA also glanced over the rejection rates and found no cause for alarm. Present physical examinations, it noted, are more exacting than World War II tests; nor are draft-liable doctors helped through them by being ten years older.

How to Ward Off Malpractice Complaints

The sturdy old truism that most patients' complaints spring from misunderstandings gets fresh support from the Wisconsin State Medical Society's grievance committee. In its first year of operation, the committee received and reviewed fifty-five complaints. Its deductions:

"In most instances the complaint was based upon misunderstanding or upon the fact that the physician did not give an adequate explanation of the medical problem involved . . . In many cases the reputation of the physician was jeopardized because of repeated complaints which might well have been satisfied by proper examinations on [his] part at the time of treatment."

Wound Award Delights Child Patients

Small-fry patients of Dr. John S. Morris Jr., Lynchburg, Va., proudly display an award for bravery after a visit to his office. Each gets a "Purple Heart" of felt-like fabric, graded in size to the severity of the treatment. Lettered on it with a gold pencil are words to the effect that "Jackie Brown was wounded in action," and the date. For

swapping purposes, a Purple Heart rates at least three comic books. A king-size heart, ceremoniously awarded for extreme bravery—as parents and a uniformed nurse stand at attention—is considered priceless.

M.D.'s Lend an Ear To Crises, Grievances

Emergency-call systems and grievance committees are the public services for which medicine probably rates the highest progress marks in 1950. The number of grievance committees jumped 110 per cent; the number of emergency-call plans, 42 per cent. That's the score from a survey just completed by the AMA Council on Medical Service.

A total of 321 medical societies now have panels that guarantee the public a listening medical ear on duty day and night for emergency calls. A year ago, only 225 had such set-ups.

The other listening ear to which the AMA hands out special kudos is the grievance committee. The number of state medical associations with grievance committees last year bounced from seventeen to thirty-six.

County medical associations are also reflecting the trend. At least 408 of them (55 per cent of those covered in the AMA survey) now have committees to settle patients' complaints.

The complaints that reach the committees' ears are mostly about

from the first soft whisper....

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fees, no matter in what part of the country. And "some are legitimate gripes," the AMA has found.

How can they be handled? Says the AMA bluntly: "The medical society needs to adopt a get-tough policy with those members who continue to overcharge."

G.P.'s Get Once-a-Week Refresher Course

The general practitioner will have a chance to combine P.G. work with his practice in a program of refresher training now being organized by the Pennsylvania State Medical Society. The plan will take the G.P. away from his practice only one day a week for what the society calls a "semi-postgraduate interneship."

Dr. Charles William Smith, the new program's spark plug, describes it thus: "One day each week, for a period of three to six months, the practitioner will take part in hospital activities, including clinic and

Anecdotes

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†*Archer, Vincent W., M. D., et al. Protection against X-ray and Beta Radiation with New Lead-Glass Fabric. Hospital Management, January, 1950, pp. 104—106.*

Fiberglas lead-glass gown described here being worn by an X-ray technician.

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ward duties . . . The fee will not be in excess of $50 for a three-month period."

The plan, similar to one already operating successfully in New Jersey, enables each teaching hospital to instruct five G.P.'s at a time on the one-a-day basis.

New Horizons Seen for Home-Care Program

Medicine has barely started to tap the possibilities of extending hospital care into the home, says Dr. Marcus D. Kogel, hospital commissioner of New York City. In summing up the accomplishments of the city's home-care program after its second year, he points out that, through this pioneer plan, the Department of Hospitals has provided itself with the equivalent of a new 1,500-bed hospital.

"Our concept of home care," he says, "is that it is far more than an emergency measure to relieve overcrowding . . . it is both a therapeutic agent for the patient and a training aid for our house staffs."

70-Day Coverage a Blue Cross Hope

All Blue Cross plans will eventually provide seventy days of full hospitalization coverage, plus ninety additional discount days. That's the prediction of Louis H. Pink, head of New York's Associated Hospital Service. With a seventy-day allowance in effect, he estimates, 99 per cent of all subscribers hospitalized will receive full benefits throughout their hospital stay.

"The present program gives an adequate number of days [twenty-one days' full coverage] for the majority of subscribers," he says. "Less than 8 per cent of AHS subscribers stay in the hospital beyond this time allowance. Only a fraction of 1 per cent stay longer than their twenty-one days of full coverage and 180 days at half rates. So if the plans generally provide seventy days of full coverage, according to our experience, less than 1 per cent will remain in the hospital for a longer period."

Telephoned Rx's Under Ewing Fire

The move to stop M.D.'s from ordering prescriptions or refills by phone is encountering opposition from both ends of the wire. Pharmacists are joining physicians in protest against Federal Security Administrator Oscar Ewing's proposed regulation requiring written refill orders.

Such a ban would affect nearly one-third of all prescriptions, if a Texas survey is any indication. Stanley C. Mittlestaedt, a pharmacy professor at the University of Texas, recently thumbed through 10,000 prescriptions in 100 Texas pharmacies. He found that physicians had telephoned in 32 per cent of them.

Says Dean Joseph B. Sprowls of

HANDITIPS

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the Temple University School of Pharmacy: "This practice of using the telephone has resulted in the saving of a great deal of time and effort by all parties concerned—physician, pharmacist, and patient. I can relate many instances in which a telephoned order has saved the physician from rising late at night."

Denounces Medicine as A 'Greedy Racket'

"Medicine is no longer a profession, as far as many of its present-day members are concerned, but a cruel, greedy, money-making racket."

This is the theme of an all-stops-out denunciation by Rep. Eugene O'Sullivan (D., Neb.) during the closing days of the Eighty-first Congress. "Something must be done to keep the quiz kids out of the medical profession," he cried.

But something had already been done by the medical profession to keep O'Sullivan out of Congress. Thanks in large part to Omaha doctors, he'd been defeated for re-election. So his "greedy-racket" speech turned out to be the last quack of a lame duck.

Medical schools are to blame for the sad state of the profession, according to Mr. O'Sullivan: "We ask ourselves what is happening to doctors as a class. We learn that no one could become a medical student for some years past unless he was a quiz kid. Of course, when scholastic standing is the sole test,

standard references all

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it is almost certain that various types of perverts will be admitted into the medical schools. Great knowledge without moral guidance, moral balance, and moral training is the very spawning ground for perversion."

The Congressman then rattled off a number of examples showing what doctors are doing "to debase their profession and to lose the respect of many decent-thinking people."

One example involved a butcher's wife whose medical bills happened to coincide with her bank balance. Another dealt with a Nebraska physician who refused to look at a stricken patient until he'd finished lunch. But the stopper was the case of a barber who had received treatment from seven or eight specialists. Said Mr. O'Sullivan:

"These doctors claimed that this man had a cancer. They did not seem to know that nature often throws a wall of tissue around a tumorous cancer and entirely isolates it. They gave this man deep X-ray treatments and cooked the tissue which had the cancer contained. Thus they permitted it to spread throughout his entire body."

After this diagnostic excursion, the Nebraskan called on the Bureau of Internal Revenue to put doctors in their place:

"I feel that the tax authorities should go through the books of successful doctors with a fine-toothed comb. I am sure they would catch them cheating on their income tax

returns. If that situation is discovered, the doctors should be prosecuted and sent to prison—not merely penalized in money. There is a crying need today for bigger and better doctors in all penitentiaries."

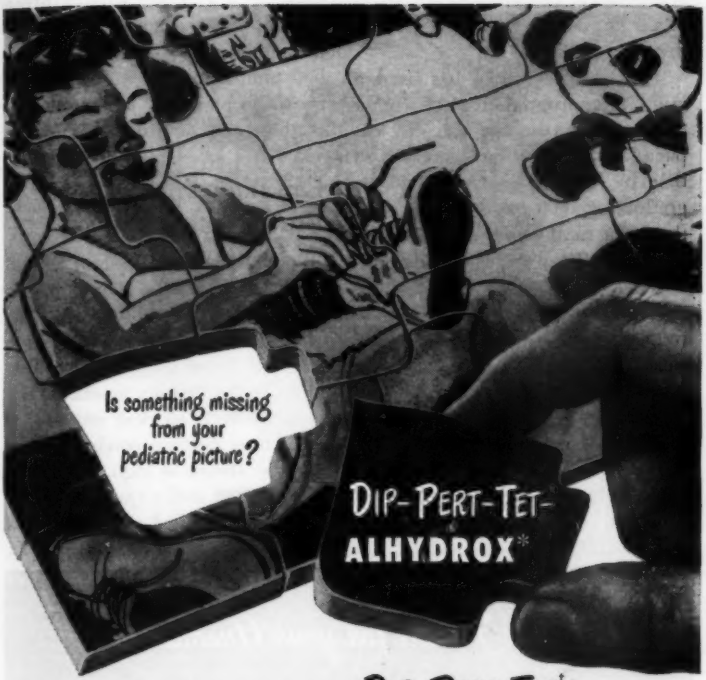
New Total of 381,000 Nurses Being Sought

First aid for the nurse shortage has been proposed by Rep. Frances Bolton (R., Ohio), godmother of the World War II Nurse Cadet Corps Act. She's now sponsoring a bill to authorize $47 million a year for immediate and long-range training of nurses. The measure aims at adding 59,000 new nurses to the 322,000 already in white.

Mrs. Bolton estimates that military hospitals alone need 3,000 additional nurses right now. They'll be calling for 20,000 more when the armed forces reach full strength. If military hospitals raid civilian hospitals for the necessary nurse power, where will replacements come from? Her bill offers an answer—and she says both the American Medical Association and the American Hospital Association endorse it.

Kansas Keeping 'Em Down on the Farm

The University of Kansas School of Medicine has handed in a progress report on the state's back-to-the-land movement for medical men. And the report looks good asserts Dr. Franklin D. Murphy, medical



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1. Miller, J. J., Jr., and Ryan, Mary Louise, The Duration of Serologic Immunity, Pediatrics 1:3, Jan., 1948.
2. Lapin, Joseph L., Combined Immunizations, Advances in Pediatrics, Vol. IV, Interscience Publishers, Inc., New York, 1949.
3. Costello, Cyril, Improved Methods in Combatting Tetanus, J. Missouri M. A., 46:582, Aug., 1949.

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school dean. The score so far: sixty-seven physicians gained by Kansas towns of 2,500 or less.

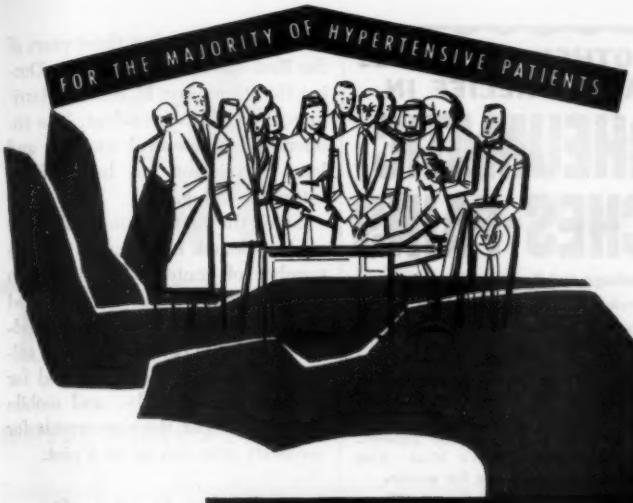
The medical school has used a building appropriation of nearly $4 million to increase its teaching capacity. Enrollment has increased so that by 1953 the school will be graduating 100 men a year. By then, the rural trend is expected to speed up (if war needs don't interfere).

Local towns have devised a variety of ways to ease the new physician's financial burdens. One town of only 750 people raised $15,000 by public subscription to help their new doctor get settled. It financed a new home and office for him; he will pay back the loan out of future earnings. Another Kansas town built up a $15,000 subscription fund to erect a small hospital for their medical newcomer. It's a four-bed unit, complete with dental offices, X-ray room, laboratory, operating room, and delivery room.

Can You Spare a Pint, Mister?

"Blood donations must be tripled in 1951." That's the goal set recently by the American Red Cross. The armed forces alone are expected to tap Red Cross banks for a million pints in the first six months of this year. There is no clear estimate yet of civilian defense goods, but they may be almost as high.

A million and a quarter pints of blood were ladled out to hospitals



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and clinics in the first three years of the Red Cross blood program. During that time, says E. Roland Harriman, Red Cross president, "the cooperation of medical societies and local physicians has been of inestimable value."

Since the first regional collection center opened, in January 1948, the number of centers has climbed to thirty-eight. By July 1 the Red Cross will set up four more. In addition, special centers will start collecting blood to be earmarked for defense needs only, and mobile units will scout the countryside for anybody who can spare a pint.

'Indigence' Held to Be Partly Indifference

"Might not a program of more effective education persuade the average American to place good health higher on the list of things for which he is willing to pay?"

This query stems from Dr. Allen G. Brailey of Brookline, Mass. Writing in the New England Journal of Medicine, he suggests that many "indigents" are more reluctant than unable to pay.

True, he concedes, medical costs have gone up—but so have family incomes. Why not publicize annual medical expenses in comparison with what the average citizen spends for liquor, tobacco, and cosmetics? Says Dr. Brailey: "Every day in every clinic one sees citizens who 'cannot afford to pay the doctor.' But I personally have never met a man who refrained from

a most significant advance

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smoking because he could not afford it."

"One wonders," he concludes," if the problem of medical indigence is not largely a problem of medical indifference. If the voters finally insist that medical care be made a public service, at least their reasons should be called by their right name. Improvidence and indifference should not be permitted to masquerade under the more pitiful guise of indigence."

Six Drugs Help Turn Back the Clock

Pharmaceuticals for aged and aging patients are the sole stock in trade of the new Bobst Pharmacal Company, Inc. President of the firm is E. Walton Bobst; executive vice president is John A. Roosevelt.

The company's six new drug products are planned to alleviate some of the chronic disabilities of old age—heart and arthritic conditions, nutritive deficiencies, and such. Geriatricians have helped brief the sales representatives who will introduce these drugs to M.D.'s.

Study Prepay Plans' Doughnut and Hole

"A considerable proportion of the hospital population [is] aided appreciably by membership in voluntary medical insurance. However, there are gaps in service that should be studied seriously." These are findings of Theodore Wiprud, secretary of the District of Columbia

GRATIFYING IMPROVEMENT IN ACNE, KELOIDS, WITH NEWLY ISOLATED LIVER FRACTION

IN ACNE

reduces papules, pustules, comedones[1,2,3,4] • modifies unsightly scarred areas[1]

IN KELOIDS

reduces size of keloids[4] • inhibits regrowth after surgical removal[5]

KUTAPRESSIN* restores normal skin tone in acne—by constricting capillaries, decreasing capillary volume, and increasing the rate of blood flow through affected tissues.[1,4] This eliminates the passive hyperemia arising from local stasis of blood and tissue fluids, and restores the skin's resistance to secondary infection.

In keloids, constriction of capillaries and reduction of their permeability prevents flow of blood serum into subcutaneous tissues, thus decreasing the distention of the skin and the accompanying inflammation.[4,6] Administration of **KUTAPRESSIN** before, during, and after surgical removal of keloids decreases loss of blood serum into the site of scar formation and inhibits regrowth.[5]

REFERENCES: 1. Marshall, W.: J. M. A. Alabama 13: 255 (1941). 2. Lichtenstein, M. R., and Stillians, A. W.: Arch. Dermat. & Syph. 45: 959 (1942). 3. Stillians, A. W.: Mississippi Valley M. J. 64: 135 (1942). 4. Marshall, W., and Schadeberg, W.: Wisconsin M. J. 49: 369 (1950). 5. Marshall, W.: Paper read before Midwestern Section of the American Federation for Clinical Research, November 2, 1950.

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medical society, and Isidore Altman, biostatistician of the U.S. Public Health Service. The two investigators set out to get some idea of how effectively the voluntary plans actually meet the costs of hospitalized acute illness. In the course of their study, 1,796 private patients in thirteen Washington hospitals were interviewed.

Nearly half the patients (43 per cent) earned between $3,000 and $5,000 a year. Their average hospital stay was a week—slightly longer for surgical and medical cases, slightly less for obstetric cases. The average total cost turned out to be $285 (the physician's fee averaged $109).

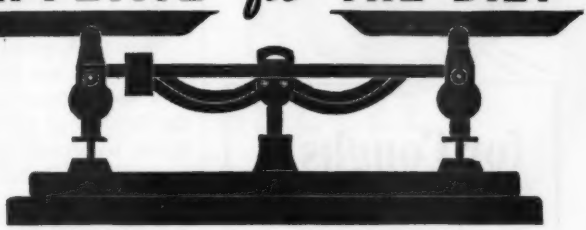
"In this sample, 70 per cent of the patients subscribed to some form of voluntary insurance," the Wiprud-Altman report says. "Members of Group Hospitalization had all but 12 per cent of their hospital charges paid through insurance. The Medical Service Plan met 61 per cent of the charges of those who had obstetric or surgical care."

Having studied the doughnut of prepay coverage, the investigators take a look at the hole in the doughnut.

The first gap appeared among patients who have no coverage at all—about 40 per cent of those with annual incomes under $3,000 and 40 per cent of those with $10,000 plus.

The second gap was in the extent of protection against total illness costs. Even patients with both

to make the **APPETITE** *fit* **THE DIET**



It is well known that the craving for food which besets many obese people cannot easily be controlled by the will alone. For them, adherence to a reducing diet often imposes a nervous strain, with consequent tension and irritability; and if they succumb to their urge to eat more, they have a sense of failure.

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REFERENCES: Ray, H. M.: Am. J. Digest. Dis., 14:153, 1947.
Shapiro, S.: ibid, 14:261, 1947.

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Group Hospitalization and Medical Service memberships had to pay 28 per cent of their over-all costs. Subscribers to Group Hospitalization alone had to meet 60 per cent of their total expenses out of current funds. Subscribers to various kinds of cash-benefit plans had to pay 63 per cent.

Messrs. Wiprud and Altman reached this conclusion: "The cost of a single illness is often beyond the capacity of the family to meet. If this report can help to focus attention on the need for extending insurance coverage, its objectives will have been met."

Are You a Lab Report Worshipper?

"Some of the ablest doctors in the U.S. don't look at the patient—they look at the laboratory reports." Such doctors have been warned by Dr. Walter C. Alvarez, professor of internal medicine at the Mayo Foundation, that they need to cultivate more of a human interest in human beings.

"The vanishing art of diagnosing with the eyes and ears" needs to be revived, Dr. Alvarez believes, to keep lab reports from tripping the physician up. As a case in point, he mentions a despairing patient who came into his office after a diagnosis by a former head of the AMA. According to this earlier diagnosis, the man had six months to live.

Yet to Dr. Alvarez the patient appeared much farther from the grave than the allotted six months. "My

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DOSAGE: 1 cc injected intramuscularly or subcutaneously ... repeated in 3 or 4 hours, if required.

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eyes and ears told me," he says, "that he could not have the disease listed on his medical report. He didn't have it, either. I checked back and found that a young assistant in the laboratory had transposed the figure 117 into 171 in typing the blood sugar count.

"We can give that typist a slap on the wrist. But the tragic thing is that a great doctor will tell a man he's going to die, and never inquire beyond an assistant's report."

Drinkers Contribute to Medical Research

Elbow-benders in Washington State are making possible close to $1 million in medical and biological research this year. The state law that first legalized over-the-bar drinking two years ago provides that license fees must be devoted to scientific research. So the bar-fee funds are split between Washington State College and the University of Washington medical school. The latter gets 60 per cent.

Alcohol-financed research studies now in progress number nearly 150. Funds raised in this fashion amounted to $600,000 last year. Future contributions of $1 million a year are anticipated.

Drew Pearson Didn't Win This One

The Delaware State Medical Journal is preening itself after winning a verbal bout with Drew Pearson. The scrap began when the syndi-

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Rheumatoid Foot and Leg Pains . . .

Sore Heels . . .

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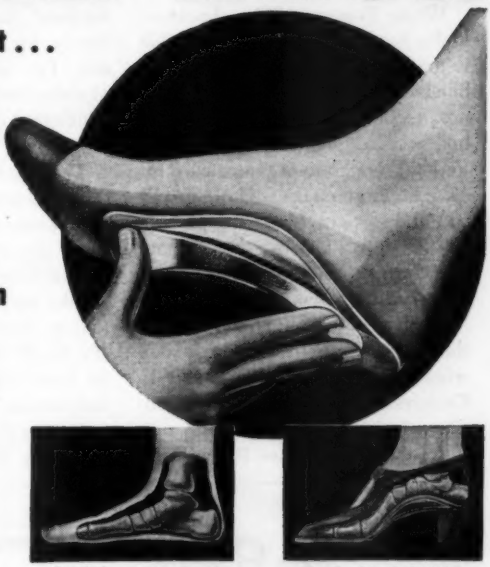

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cated columnist took a whack at the "doctors' lobby," charging it with obstructing national defense.

Wrote Pearson: "The doctors' lobby has become so powerful that it may overreach itself. It is now blocking a vital civil-defense measure needed to combat the atomic bomb . . . The bill appropriates Federal money to organize care for civilian casualties. The money would be spent by state public health units, not by the Federal Government. But despite this, the doctors' lobby is opposed.

"How paralyzing is the fear of the doctors' lobby was revealed when club women appealed to Congressman Ray Madden of Indiana to jog the public health unit bill out of the House Rules Committee. Madden, usually a red-haired slugger for the Fair Deal, winced. 'You'd better talk to the doctors,' he countered. . . . 'If they're for it, it will go through. If not, I'm afraid it's sunk.'" The Madden incident was Pearson's evidence that doctors deserved a kicking around.

That's when the Delaware doctors got into the fight. Through their journal, they took a bow and slung a punch.

The bow: "Brother Pearson, thanks for the flattering comment that we have 'become so powerful.' It's about time the doctors got up on their hind legs and defended themselves."

The punch: "As to the bill in reference to public health units:

Just what is a public health unit? Nobody knows! There are almost as many different concepts of what a public health unit is as there are individuals working in the public health field.

"Until the AMA can get the proper consensus as to the *right* bill to enact, it wisely opposes the bill at present in the Congressional hopper—which happens to be vague and indefinite and perhaps actually inadequate. We are confident that the AMA will come up with a proposal that will be adequate and acceptable. In the meantime, let the Pearsons and other critics of the medical profession bide their time."

Group Practice Forging Ahead, Reports Rorem

"Physicians fare better financially under group practice than under individual practice," observes C. Rufus Rorem, PH.D. Why? Because they "can accomplish better results by working *with* each other than by working *against* each other."

These favorable conclusions spring from an extensive review of group medical practice throughout the country. Mr. Rorem has found five principal types of group in operation:

Private clinic groups are thriving in the West—up to 500 of them, reflecting the influence of the Mayo Clinic. *Full-time hospital groups* are an eastern type, with the 35-year-old Ford hospital in Detroit providing an outstanding example. *Insurance plan groups*, such as New

objection overruled!

gastric interference ruled out in fast-acting antacid therapy

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York's HIP, are active on both coasts. *Part-time clinic groups*, chiefly for diagnostic service, operate in such cities as Boston, New York, Philadelphia. And *informal diagnostic groups* exist almost everywhere—for example, wherever hospital staff physicians give diagnostic aid to private practitioners.

What makes a successful group click? Says Mr. Rorem: "The sustaining motivation for physicians must be their personal self-interest—not social reform or demonstrations in medical economics, or even the avoidance of socialized medicine.

"Self-interest," Mr. Rorem adds, "cannot be measured exclusively in terms of current income or future estate. More important is the opportunity for personal and professional self-realization. Group practice must expand rather than contract the doctor's opportunity to work as an individual and as a professional man."

Fund for Medical Schools Causes an Argument

Will the AMA refrain from tying strings to its $500,000 gift to aid medical schools? This is the key question raised in a long-distance debate between Prof. George D. Braden of New Haven, Conn., and the AMA's Dr. Donald G. Anderson. The two men aired their divergent views in the letter columns of The New York Times.

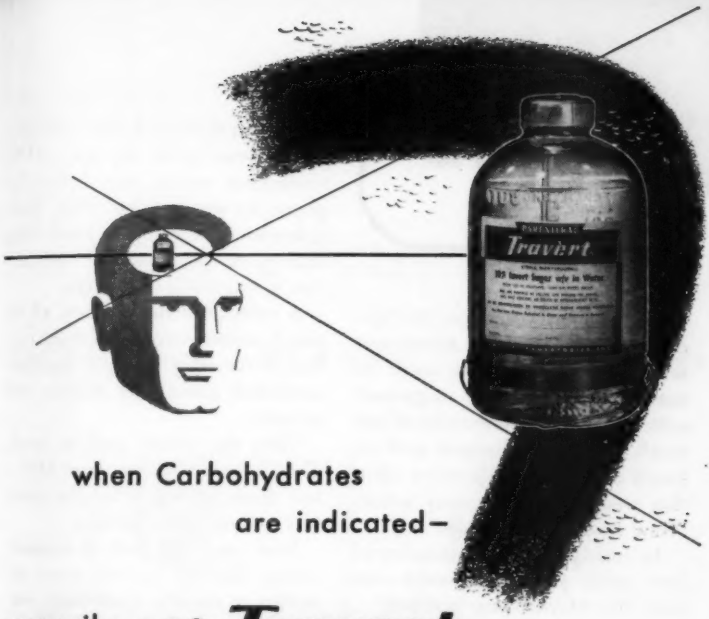
Professor Braden terms the AMA offer "a more constructive approach

to medical problems than the previous high-powered propaganda campaign." But he wants to be assured that AMA subsidies won't be just like Government subsidies.

Asks the professor: "Will the AMA refrain from meddling in the administration of medical schools, refrain from insisting that doctors ought to be on boards of trustees? . . . Will the AMA warn its members that any contributions from members must come out of doctors' net incomes and not be passed on to the public in the form of higher fees?

"If the AMA carries through its program," he concludes, "the public has to be doubly vigilant. Were the Government to aid medical schools, we should have only to watch to see that a good and efficient job was done. If the AMA takes over, we have to watch not only for a good and efficient job, but also to see whether action in the interest of the medical profession is also in the public interest."

Dr. Anderson, secretary of the AMA Council on Medical Education and Hospitals, promptly broke into print with a rebuttal: "The activities of all medical schools," he pointed out," are under the control of lay boards of trustees. The establishment of this fund will in no way alter the fact that these representatives of the public will have the responsibility for determining that the medical schools are conducted in keeping with the best interest of the public."



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Memo from the Publisher

● Not so many years ago, the typical article in MEDICAL ECONOMICS was the product of two men: an outside writer and the magazine's editor. We never quite realized how much things had changed until we heard about the collective effort that went into our January article, "New Power at the Polls."

In case you've ever wondered how group journalism works, consider this play-by-play account:

Last July, when each of our editors submitted his monthly quota of article ideas, one suggestion read: "Election round-up story—an analysis of the doctors' achievements (if any) during the fall political campaigns."

At a conference the next week, our editors endorsed the idea. And within a month, background material began to accumulate. Reports from field men and letters from physicians told about the upsurge of "healing arts committees." Clippings from many a local newspaper hinted at their political plans. Our folder labeled ELECTION ROUND-UP started to bulge.

On November 8, it suddenly became clear that the doctors' achievements were worth top play. M.E. researchers swung into action by phone, by personal interview. Telegrams went winging to local news sources, to the physicians most active in successful campaigns.

A week after the election, all research reports were in. A rough outline of the story was put together, circulated among our editors, and revised.

Then the writer went to work. The job took him four days. After a few final editing licks, the piece was rushed to the printer.

Next came the task of authenticating. Galley proofs were airmailed to outside consultants, corrections invited from all. In our own office, fact-checkers matched each detail of the story against the original research reports.

You saw the results in our January issue, about three weeks after the last proofreader's OK. What you didn't see was a list of the people who'd contributed to the article. They included not only seven of our own editors, but also—by actual count—thirty-seven top medical leaders in sixteen different states.

The strength of group journalism lies in the breadth of its ideas. "New Power at the Polls" is a revealing case in point.

—LANSING CHAPMAN

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